2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90008 005 ****61.25

DOCUMENT # N31922

1. Entity Name

NEIGHBORHOOD G HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SEABOARD ARBORS MGT SVCS INC. 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US	SEABOARD ARBORS MGT SVCS INC. 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0152976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LEN
2189 CLEVELAND ST., STE 225
C/O SEABOARD ARBORS MGMT SRVC.
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HODGETT, LEWIS 932 LIVE OAK TERRACE NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BORSUK, GEORGE 860 LIVE OAK AVE NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAMBRIDIS, KONSTANTINE 990 LIVE LOAK AVENUE NE ST. PETERSBURG FL 33703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, TOBY 895 LIVE OAK TERRACE NE ST. PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPIEGEL, BOB 763 LIVE OAK TERR SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL, CANDACE 895 LIVE OAK AVENUE NE SAINT PETERSBURG FL 33703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLEECE, DONNA 832 LIVE OAK TERRACE NE ST. PETERSBURG, FL 33703 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 2/4/08 727-323-5444