

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31922

FILED
Jan 06, 2009
Secretary of State

Entity Name: NEIGHBORHOOD G HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SEABOARD ARBORS MGT SVCS INC.
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MGT SVCS INC.
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 65-0152976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HODGETT, LEWIS
Address: 932 LIVE OAK TERRACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD () Delete
Name: BORSUK, GEORGE
Address: 860 LIVE OAK AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: BROWN, TOBY
Address: 895 LIVE OAK TERR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD () Delete
Name: SPIEGEL, BOB
Address: 763 LIVE OAK TERR
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D (X) Delete
Name: FLEECE, DONNA
Address: 832 LIVE OAK TERR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HODGETT, LEWIS
Address: 932 LIVE OAK TERRACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD (X) Change () Addition
Name: BROWN, TOBY
Address: 895 LIVE OAK TERRACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD (X) Change () Addition
Name: FLEECE, DONNA
Address: 832 LIVE OAK TERRACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB SPIEGEL

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date