

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40276

FILED
Jan 28, 2009
Secretary of State

Entity Name: NEIGHBORHOOD H HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4585 140TH AVE N, 1012
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

4585 140TH AVE N, 1012
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 65-0223647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 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: VP () Delete
Name: PEVZUES, SHARON
Address: 5000 WHITE PINE CIR. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: RUTH, STEVE
Address: 423 FAN PALMET
City-St-Zip: ST. PETERSBURG, FL 33703

Title: PD () Delete
Name: CARAHAM, TOM
Address: 435 DATE PALM CT
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: MATSON, JOHN
Address: 5010 WHITE PINE CR.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD () Delete
Name: DREYER, MIKE
Address: 300 FAN PALM CT
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PEVZNER, SHARON
Address: 5000 WHITE PINE CIR. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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

Title: PD (X) Change () Addition
Name: CARNAHAN, TOM
Address: 435 DATE PALM CT
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: F. C. BRUMMETT

MGR

01/28/2009

Electronic Signature of Signing Officer or Director

Date