2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

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DOCUMENT # N40871 1. Entity Name NATHAN'S COURT NEIGHBORHOOD ASSOCIATION, INC.					03-17-2008 9002	4 014 ****61	.25
16105 NORT LUTZ, FL 33	RTY MANAGEMENT, INC. H Florida Avenue, Suite A 549-6161 US	Mailing Address WISE MANAGEMENT 16105 N FLORIDA SUITE A LUTZ, FL 33549 US	A	40047			
New Tampa Property Mant 11e			w Tampa traperty Want		88 8 18 1884 119 419 61	BN 81811 81811 81811 8181	2 6 6
City & State	Princess Point Cir	P.O. Box 48	855_	03102008 (4. FEI Number	Chg-NP CR:	2E037 (12/06)	plied For
Tompa	FL &	Tampa FL		65-02377	71	No	t Applicable
3364 <u>-</u>	Country	35646	USA	5. Certificate of	Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current R	legistered Agent -		7:-Name and Ad	dreas of New Registe	red Agent	
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			Namm	NamMezer, Steven			
			Street Ac	Street Address (P. Ö. Box Number is Not Acceptable)			
TAMEA, FL	_ 33002		18	01 n. High	land Ave	nue	
			City	anoa FU		FL Zip Cod	eo2
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or	registered agent, or both,	n the State of Florida.	l am familiar with,	and accept
SIGNATURE .							
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signatu	ure required when reinstating)	D	ATE	
SIGNATURE .	Filing Fee is \$61.25	9. Election Campa	aign Financing	\$5.00 May Be	Make c	heck payable t	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing htribution.	\$5.00 May Be Added to Fees	Make c Florida D	heck payable to epartment of S	tate '
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing htribution.	S5.00 May Be Added to Fees ADDITIONS/CHAN	Make c Florida D GES TO OFFICERS AN	heck payable to epartment of SI	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #