
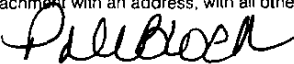


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-17-2008 90024 014 ****61.25

DOCUMENT # N40871 1. Entity Name NATHAN'S COURT NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business WISE PROPERTY MANAGEMENT, INC. 16105 NORTH FLORIDA AVENUE, SUITE A LUTZ, FL 33549-6161 US		Mailing Address WISE MANAGEMENT 16105 N FLORIDA SUITE A LUTZ, FL 33549 US	
2. Principal Place of Business - No P.O. Box # New Tampa Property Mgmt Suite, Apt. #, etc. 18107 Princess Point Cir City & State Tampa FL Zip 33647		3. Mailing Address New Tampa Property Mgmt Suite, Apt. #, etc. P.O. Box 48855 City & State Tampa FL Zip 33646	
Country USA		Country USA	
4. FEI Number 65-0237771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Mezer, Steven Street Address (P.O. Box Number is Not Acceptable) 1801 N. Highland Avenue City Tampa FL Zip Code 33602	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NINOW, DOUGLAS	NAME	D Ninow, Douglas
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17709 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAUGHENSSY, PAM O	NAME	Leonard Perry
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17642 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEACH, MIKE	NAME	Keach, Mike
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17709 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUDDER, GEORGE	NAME	Kudder, George
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17725 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLOCK, PATTY	NAME	DeBlock, Patty
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17640 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBLER, STEVEN	NAME	Kibler, Steven
STREET ADDRESS	16105 N FLORIDA #A	STREET ADDRESS	17626 Nathans Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

40047201



03102008 Chg-NP CR2E037 (12/06)