2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N40871

Entity Name: NATHAN'S COURT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

NEW TAMPA PROPERTY MGMT
18107 PRINCESS POINT CIR
TAMPA, FL 33647 US

New Principal Place of Business:

NATHAN'S COURT NEIGHBORHOOD ASSOCIATION
9166 HUNTERS GREEN DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

NEW TAMPA PROPERTY MGMT
18107 PRINCESS POINT CIR
TAMPA, FL 33647 US

New Mailing Address:

NATHAN'S COURT NEIGHBORHOOD ASSOCIATION
P.O. BOX 48855
TAMPA, FL 33646 US

FEI Number: 65-0237771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHLAND AVE
TAMPA, FL 33602 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:	D	( ) Delete
Name:	NINOW, DOUGLAS	
Address:	17709 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	PERRY, LEONARD	
Address:	17642 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	SD	( ) Delete
Name:	KEACH, MIKE	
Address:	17709 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	TD	( ) Delete
Name:	KUDDER, GEORGE	
Address:	17725 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	PD	( ) Delete
Name:	DEBLOCK, PATTY	
Address:	17640 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
Title:	VD	( ) Delete
Name:	KIBLER, STEVEN	
Address:	17626 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	LARSON, RICHARD	
Address:	17745 NATHANS DR	
City-St-Zip:	TAMPA, FL 33647	
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: PATTY DEBLOCK PD 03/17/2009

Electronic Signature of Signing Officer or Director — Date