2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49397

FILED Mar 15, 2009 Secretary of State

Entity Name: NEIGHBORHOOD I HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New P	New Principal Place of Business:		
870 SCH	LING MGNT ERER DRIVE TERSBURG, F					
Current Mailing Address:			New M	New Mailing Address:		
870 SCH	LING MGNT ERER DRIVE TERSBURG, F					
El Number:	: 59-3137324	FEI Number Applied For () FEI Number Not	Applicable ()	Certificate of Status Desired ()	
ame and	Address of C	Current Registered Agen	t: Name	and Address of Ne	w Registered Agent:	
201 E. KEľ CAMPA, F The above	, P.A., JAMES NNEDY BLVD L 33602 US named entity s of Florida.	SUITE 775 S	the purpose of chang	ng its registered offi	ce or registered agent, or botl	
IGNATUF						
IONATO		nic Signature of Registered	d Agent		Date	
FFICER	S AND DIREC	TORS:	ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
itle: ame: ddress: ity-St-Zip:	BUIE GROSS, PO BOX 40041		Title: Name: Address City-St-2		hange () Addition	
	Б (-) Delete	Title:		hange () Addition	
ame: ddress:	GROSS, TIMOT 4922 QUEEN T	THY	Name: Address City-St-z		N OAK DR., NE	
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: idy-St-Zip:	GROSS, TIMOT 4922 QUEEN T SAINT PETERS S () MILES, CHERY 4831 QUEEN P	THY TERR N.E. SBURG, FL 33703) Delete	Address	ip: 1141 DARLINGTO SAINT PETERSBU P (X) C MILES, CHERYL 4831 QUEEN PAL	N OAK DR., NE JRG, FL 33703 hange () Addition M TERR., NE	
ame: ddress: ity-St-Zip: tle: ame: ddress:	GROSS, TIMOT 4922 QUEEN T SAINT PETERS S () MILES, CHERY 4831 QUEEN P SAINT PETERS PT () MACHUGA, MA 4900 QUEEN P	THY TERR N.E. 5BURG, FL 33703) Delete /L PALM TERR N.E 5BURG, FL 33703) Delete	Address City-St-Z Title: Name: Address	ip: SAINT PETERSBU P (X) C MILES, CHERYL 4831 QUEEN PAL SAINT PETERSBU D (X) C SAWICKI, EVE 4815 QUEEN PAL	N OAK DR., NE JRG, FL 33703 hange () Addition M TERR., NE JRG, FL 33703 hange () Addition M TERR., NE	

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: MAUREEN CONNOLLY MGR 03/15/2009