

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000589

FILED
Jan 06, 2009
Secretary of State

Entity Name: NEIGHBORHOOD J HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND ST
225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

C/O SEABOARD ARBORS
2189 CLEVELAND ST #275
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3200415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEABOARD ARBORS MNGMT. SERVICES
C/O LENNARD A. LEIGHTON
2189 CLEVELAND ST., STE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
225
CLEARWATER, FL 33765 US

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: LENNARD A. LEIGHTON

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PARKER, JEFFREY
Address: 1240 DARLINGTON OAK CIRCLE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD () Delete
Name: SWAN, LAWTON
Address: 1101 RED MAPLE CIRCLE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: STD () Delete
Name: SCHRAMM, JEAN
Address: 1191 RED MAPLE CIRCLE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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:

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: LAWTON SWAN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date