

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738967 (9)
1. Corporation Name
VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
110 S. WALTER CT. P.O. BOX 541794 MERRITT ISLAND FL 32952
110 S. WALTER CT. P.O. BOX 541794 MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1977 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2369218 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
HESTAD, ARNE KRIS
165 WALTER COURT
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STANFIELD, MARY
STREET ADDRESS	95 N. LEE CT.
CITY - ST - ZIP	MERRITT ISL, FL 00000
TITLE	VD
NAME	GARIBALDI, JOE
STREET ADDRESS	60 N ROSILAND CT
CITY - ST - ZIP	MERRITT ISL, FL 00000
TITLE	S
NAME	HAYMAN, JEANIE
STREET ADDRESS	110 S WALTER CT
CITY - ST - ZIP	MERRITT ISL, FL 00000
TITLE	TD
NAME	HESTAD, ARNE KRIS
STREET ADDRESS	165 S WALTER CT
CITY - ST - ZIP	MERRITT ISL, FL 00000
TITLE	D
NAME	BARRIS, SELDON
STREET ADDRESS	125 S WALTER CT
CITY - ST - ZIP	MERRITT ISL, FL 00000
TITLE	D
NAME	ROBERT, PAUL
STREET ADDRESS	70 N. KENNETH CT.
CITY - ST - ZIP	MERRITT ISL, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arne Hestad TD 3-6-95 407-453-1055
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Type in Block 7)