

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

19963-2196

B-2572

C

DOCUMENT # 738967 (9)

VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/09/1977
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-2369218
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

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; 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	STANFIELD, MARY	1.2 NAME	STANFIELD, Mary
STREET ADDRESS	95 N. LEE CT.	1.3 STREET ADDRESS	95 N. Lee Ct
CITY-ST-ZIP	MERRITT ISL, FL 00000	1.4 CITY-ST-ZIP	Merritt IS, FL 32952
TITLE	VD	2.1 TITLE	VD
NAME	GARIBALDI, JOE	2.2 NAME	Roger S. Gubin
STREET ADDRESS	60 N ROSILAND CT	2.3 STREET ADDRESS	88 N Walter Ct
CITY-ST-ZIP	MERRITT ISL, FL 00000	2.4 CITY-ST-ZIP	Merritt IS FL 32952
TITLE	S	3.1 TITLE	P
NAME	HAYMAN, JEANIE	3.2 NAME	Thomas E. James
STREET ADDRESS	110 S WALTER CT	3.3 STREET ADDRESS	150 S. Walter Ct
CITY-ST-ZIP	MERRITT ISL, FL 00000	3.4 CITY-ST-ZIP	Merritt IS FL 32952
TITLE	TD	4.1 TITLE	P
NAME	HESTAD, ARNE KRIS	4.2 NAME	Doug O. Taylor
STREET ADDRESS	165 S WALTER CT	4.3 STREET ADDRESS	90. Kenneth Ct
CITY-ST-ZIP	MERRITT ISL, FL 00000	4.4 CITY-ST-ZIP	Merritt IS FL 32952
TITLE	D	5.1 TITLE	
NAME	BARRIS, SELDON	5.2 NAME	
STREET ADDRESS	125 S WALTER CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBERT, PAUL	6.2 NAME	
STREET ADDRESS	70 N. KENNETH CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL, FL 00000	6.4 CITY-ST-ZIP	

Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315-96 407-499-2705
Date Daytime Phone #

CR2E037 (12/95)