

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738967 (9)

1. Corporation Name
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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1977	3a. Date of Last Report 03/21/1996
4. FEI Number 59-2369218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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 PHYLLIS J KENZALOW
82 Street Address (P.O. Box Number is Not Acceptable) 55 N. MARJORIE CT.
83
84 City MERRITT ISLAND
85 State FL
Zip Code 32952

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: Phyllis J. Kenzalow, Treasurer DATE: 7/24/97

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANFIELD, MARY		1.2 NAME HESTAD, ARNE KRIS	
STREET ADDRESS 95 N. LEE CT.		1.3 STREET ADDRESS 165 S. WALTER CT	
CITY-ST-ZIP MERRITT ISL, FL 00000		1.4 CITY-ST-ZIP MERRITT ISL, FL 32952	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUBIN, ROGER S		2.2 NAME LAURA BLEVENS	
STREET ADDRESS 80 N WALTER CT		2.3 STREET ADDRESS 70 N. WALTER CT	
CITY-ST-ZIP MERRITT ISL, FL 00000		2.4 CITY-ST-ZIP MERRITT ISL, FL 32952	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYMAN, JEANIE		3.2 NAME	
STREET ADDRESS 110 S WALTER CT		3.3 STREET ADDRESS	
CITY-ST-ZIP MERRITT ISL, FL 00000		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESTAD, ARNE KRIS		4.2 NAME KENZALOW, PHYLLIS JEAN	
STREET ADDRESS 165 S WALTER CT		4.3 STREET ADDRESS 55 N. MARJORIE CT.	
CITY-ST-ZIP MERRITT ISL, FL 00000		4.4 CITY-ST-ZIP MERRITT ISL, FL 32952	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, DOUG		5.2 NAME TOM JAMES	
STREET ADDRESS 90 KENNETH CT		5.3 STREET ADDRESS 160 S. WALTER CT	
CITY-ST-ZIP MERRITT ISL, FL 00000		5.4 CITY-ST-ZIP MERRITT ISL FL 32952	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

CP2E037 (4/97)

Additional Directors - Additions

12. D

STANFIELD, MARY
95 N. LEE CT
MERRITT ISL, FL 32952

D

BOWERS, DORIS
110 S. KENNETH CT
MERRITT ISL, FL 32952

D

HORNBY, LEWIS
45 N. WALTER CT
MERRITT ISL, FL 32952