

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/09/1977	3a. Date of Last Report 03/21/1996
4. FEI Number 59-2369218	Applied For 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	

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 FL 85 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

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

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