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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738967

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

P O BOX 541794
 MERRITT ISLAND FL 32954-794
 US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/09/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2369218

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINZALOW, PHYLLIS J
 55 N MARJORIE CT
 MERRITT ISLAND FL 32952

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 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 <input type="checkbox"/> DELETE
NAME	HESTAD, ARNE K
STREET ADDRESS	165 S WALTER CT
CITY-ST-ZIP	MERRITT ISL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STANFIELD, MARY
STREET ADDRESS	95 N LEE CT
CITY-ST-ZIP	MERRITT ISLAND FL 32952
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	KINZALOW, PHYLLIS J
STREET ADDRESS	55 N MARJORIE CT
CITY-ST-ZIP	MERRITT ISL, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	JAMES, TOM
STREET ADDRESS	150 S WALTER CT
CITY-ST-ZIP	MERRITT ISL, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBERT, PAUL
STREET ADDRESS	70 N. KENNETH CT.
CITY-ST-ZIP	MERRITT ISL, FL 00000

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 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, with all other like empowered.

SIGNATURE: *Janet Hayman* SIGNATURE REQUIRED *Hayman* 1/16/99 407459-1343

CR2E037 (11/98)