

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738967

1. Entity Name

VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCI

Principal Place of Business

Mailing Address

110 S. WALTER CT.
P.O. BOX 541794
MERRITT ISLAND FL 32952

P O BOX 541794
MERRITT ISLAND FL 32954-1794
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2369218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD HESTAD, ARNE K	165 S WALTER CT	MERRITT ISL FL	<input type="checkbox"/> Delete			
	D STANFIELD, MARY	95 N LEE CT	MERRITT-ISLAND FL 32952	<input type="checkbox"/> Delete			
	S HAYMAN, JEANIE	110 S WALTER CT	MERRITT ISL FL 00000	<input type="checkbox"/> Delete			
	TD KINZALOW, PHYLLIS J	55 N MARJORIE CT	MERRITT ISL FL 00000	<input type="checkbox"/> Delete			
	D JAMES, TOM	150 S WALTER CT	MERRITT ISL FL 00000	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanie Hayman HAYMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-459-1343

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90089 049 ****61.25



DO NOT WRITE IN THIS SPACE