


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90009 032 \*\*\*\*61.25

**DOCUMENT # 738967**

1. Entity 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**

**54016208**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**KINZALOW, PHYLLIS J  
55 N MARJORIE CT  
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name  
**BETTY S HAYMAN (JEANIE)**

Street Address (P.O. Box Number is Not Acceptable)  
**110 S. WALTER CT**

City  
**MERRITT ISLAND** FL Zip Code  
**32952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Betty S Hayman* **BETTY S HAYMAN SECRETARY** 3/4/04

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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 checked="" 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	VD	<input type="checkbox"/> Delete
NAME	ROBERTSON, PERRY	
STREET ADDRESS	90 N. LEE CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRI, LEANN	
STREET ADDRESS	140 S. WALTER COURT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNE K. HESTAD	
STREET ADDRESS	165 S. WALTER CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS BOWERS	
STREET ADDRESS	110 S. KENNETH CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LGE RAYEN	
STREET ADDRESS	70 N LEE CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN ARMBRUSTER	
STREET ADDRESS	105 S. SUZANNE CT	
CITY-ST-ZIP	MERRITT, ISLAND, FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY ROBERTSON	
STREET ADDRESS	90 N. LEE CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAPHNE DREW	
STREET ADDRESS	60 N ROSELAND CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	

12. 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: *Betty S Hayman* **BETTY S HAYMAN** 3/4/04 321459.1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #