


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**


**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
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2369218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAYMAN, BETTY S  
110 S. WALTER CT.  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESTAD, ARNE K 165 S WALTER CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, DORIS 110 S. KENNETH CT. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYMAN, JEANIE 110 S WALTER CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KINZALOW, PHYLLIS J 55 N MARJORIE CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, PERRY 90 N. LEE CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRI, LEANN 140 S. WALTER COURT MERRITT ISLAND, FL 32952

U00000429045  
02/21/06-80068-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 2/1/06 321 633 9313

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