

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 015 ****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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HAYMAN, BETTY S 110 S. WALTER CT. MERRITT ISLAND FL 32952		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			



1st MOORE CR2E037 (10/06)

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

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: HESTAD, ARNE K STREET ADDRESS: 165 S WALTER CT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE: D NAME: ARMBRUSTER, BREAUX STREET ADDRESS: 105 S. SUZANNE CT CITY-STATE-ZIP: MERRITT ISLAND, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BOWERS, DORIS STREET ADDRESS: 110 S. KENNETH CT. CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE: D NAME: FERRE, ARLENE STREET ADDRESS: 150 S. WALTER CT CITY-STATE-ZIP: MERRITT ISLAND, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: HAYMAN, JEANIE STREET ADDRESS: 110 S WALTER CT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE: D NAME: SIMPSON, JANET STREET ADDRESS: 80 N. ROSILAND CT CITY-STATE-ZIP: MERRITT ISLAND, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: KINZALOW, PHYLLIS J STREET ADDRESS: 55 N MARJORIE CT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: BURNS, JIM STREET ADDRESS: 3514 ROSILAND CT CITY-STATE-ZIP: MERRITT ISLAND FL, 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: ROBERTSON, PERRY STREET ADDRESS: 90 N. LEE CT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE: ST NAME: HAYMAN, JEANIE STREET ADDRESS: 110 S WALTER CT CITY-STATE-ZIP: MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FERRI, LEANN STREET ADDRESS: 140 S. WALTER COURT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeanie Hayman JEANIE HAYMAN 2/5/07 321 459-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #