

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 738967

Entity Name: VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

110 S. WALTER CT.
MERRITT ISLAND, FL 32952

Current Mailing Address:

P O BOX 541794
MERRITT ISLAND, FL 32954794 US

New Mailing Address:

P O BOX 541794
MERRITT ISLAND, FL 329541794 US

FEI Number: 59-2369218 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HESTAD, ARNE K
Address: 165 S WALTER CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BOWERS, DORIS
Address: 110 S. KENNETH CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: HAYMAN, BETTY
Address: 110 S WALTER CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: FERRI, LEANN
Address: 140 S WALTER CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: BOWERS, DOUG
Address: 110 S KENNETH CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: FERRI, ARLENE
Address: 150 S WALTER CT
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOWERS, DORIS
Address: 110 S KENNETH CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY S HAYMAN

S

01/23/2009

Electronic Signature of Signing Officer or Director

Date