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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:18

DOCUMENT # N93000004464 (4)

1. Corporation Name

NEWPORT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9000 REGENCY SQUARE BLVD. SUITE 201 JACKSONVILLE FL 32211	P O BOX 1409 1890 S 14 ST S105 FERNANDINA BCH FL 32035 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3208833 (Applied For ☐ Not Applicable ☐)

2. Principal Place of Business 21	2a. Mailing Address 26 9000 Regency Sq Blvd	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 201	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28 Jacksonville, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 32211 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

POWELL, TERRELL J
1890 S 14 ST
S105
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name: Patsy A. Hite
82 Street Address (P.O. Box Number is Not Acceptable): 9000 Regency Sq Blvd #201
83
84 City: Jacksonville FL 85 Zip Code: 32211

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patsy A. Hite Sec/Treas. Patsy A. Hite 3-17-95
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, MITCHELL R	1.2 NAME	
STREET ADDRESS	9000 REGENCY SQ. BLVD. #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAPOINTE, KENNETH J	2.2 NAME	
STREET ADDRESS	9000 REGENCY SQ. BLVD. #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	HITE, PATSY A	3.2 NAME	
STREET ADDRESS	9000 REGENCY SQ. BLVD. #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patsy A. Hite Sec/Treas. 3-17-95 (904) 223-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000104