

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

9000 REGENCY SQUARE BOULEVARD
SUITE 201
JACKSONVILLE FL 32211
US

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

21 9440 Phillips Highway

2a. Mailing Address

26 9440 Phillips Highway

4. FEI Number

59-3208833

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #9

Suite, Apt. #, etc.

27 #9

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32256

Country

25 Duval

Zip

29 32256

Country

30 Duval

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HITE, PATSY A.

**9000 REGENCY SQUARE BOULEVARD 9440 Phillips Hwy.
#201 - Suite 9
JACKSONVILLE FL 32211 32256**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD MONTGOMERY, MITCHELL R**
STREET ADDRESS **9000 REGENCY SQ. BLVD. #201**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE

NAME **VD LAPOINTE, KENNETH J**
STREET ADDRESS **9000 REGENCY SQ. BLVD. #201**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE

NAME **STD HITE, PATSY A**
STREET ADDRESS **9000 REGENCY SQ. BLVD. #201**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **9440 Phillips Highway, Suite 9**
1.4 CITY-ST-ZIP **32256**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **9440 Phillips Highway, Suite 9**
2.4 CITY-ST-ZIP **32256**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **9440 Phillips Highway, Suite 9**
3.4 CITY-ST-ZIP **32256**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mitchell R. Montgomery

2/12/96

Date

904/260-9446

Daytime Phone #

CR2E037 (12/95)