

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004464

FILED
Apr 13, 2006
Secretary of State

Entity Name: NEWPORT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
14E
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

ONE SAN JOSE PLACE
34
JACKSONVILLE, FL 32257 US

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3208833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
14E
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
34
JACKSONVILLE, FL 32257 US

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: LAUREN CARR

04/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LEONARD, LARRY
Address: 1029 BERTHA ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD () Delete
Name: HAUGABOOK, GLADYS
Address: 1084 WOODBRIDGE HOLLOW RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: LESTER, NOLA
Address: 1101 WOODBRIDGE HOLLOW ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: PARKER, ARTHUR
Address: 1030 BERTHA STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: BELL, JOHNNY
Address: 1092 WOODBRIDGE HOLLOW RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: HARTFIELD, EDDIE
Address: 1104 BERTHA ST.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: LAUREN CARR

MGR

04/13/2006

Electronic Signature of Signing Officer or Director

Date