


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004464</b> 1. Entity Name <b>NEWPORT HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>ONE SAN JOSE PLACE 34 JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>PO BOX 57911 JACKSONVILLE, FL 32241 US</b>
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3208833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CARR, LAUREN ONE SAN JOSE PLACE 34 JACKSONVILLE, FL 32257</b>
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IN THIS SPACE**

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.

SIGNATURE *Lauren Carr* (NOTE: Registered Agent signature required when reinstating) DATE 4/11/07

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEONARD, LARRY 1029 BERTHA ST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUGABOOK, GLADYS 1084 WOODBRIDGE HOLLOW RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, NOLA 1101 WOODBRIDGE HOLLOW ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ARTHUR 1030 BERTHA STREET JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JOHNNY 1092 WOODBRIDGE HOLLOW RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTFIELD, EDDIE 1104 BERTHA ST. JACKSONVILLE, FL 32218

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04/25/07-80006-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lauren Carr* 4/11/07 904-260-9183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #