

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90122 029 ****61.25

DOCUMENT # N93000004464

1. Entity Name

NEWPORT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**6028 CHESTER AVE #202
JACKSONVILLE FL 32217
US**

Mailing Address

**PO BOX 57911
JACKSONVILLE FL 32241
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3208833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENN, PATRIC R
6028 CHESTER AVE #202
JACKSONVILLE FL 32217**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEONARD, LARRY
1029 BERTHA ST
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HAUGABOOK, GLADYS
1084 WOODBRIDGE HOLLOW RD
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LESTER, NOLA
1101 WOODBRIDGE HOLLOW ROAD
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PARKER, ARTHUR
1030 BERTHA STREET
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, JOHNNY
1092 WOODBRIDGE HOLLOW RD.
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COLEMAN, FLORA
11217 FORESTDALE RD
JACKSONVILLE, FL 32218** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARTFIELD, EDDIE
1104 BERTHA ST.
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *GLADYS HAUGABOOK* **GLADYS HAUGABOOK 3/17/03 260-9183**

CR2E037 (10/02)