

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738967

**Entity Name:** VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC9661788697**

**Current Principal Place of Business:**

165 S. WALTER CT.  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

P O BOX 541794  
MERRITT ISLAND, FL 32954-1794 US

**FEI Number: 59-2369218**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HESTAD, ARNE K  
165 S. WALTER CT.  
MERRITT ISLAND, FL 32952 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:** ARNE K HESTAD

01/02/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HESTAD, ARNE K  
Address 165 S WALTER CT  
City-State-Zip: MERRITT ISLAND FL 32952

Title VD  
Name BOWERS, DORIS  
Address 110 S KENNETH CT  
City-State-Zip: MERRITT ISLAND FL 32952

Title ST  
Name FERRI, LEANN  
Address 140 S WALTER CT  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name MOSELEY, PRATT  
Address 115 S KENNETH CT  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARNE K HESTAD

**PRESIDENT**

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date