

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000327

**Entity Name:** NEWCASTLE PLACE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC8018055746**

**Current Principal Place of Business:**

4400 BAYOU BLVD.,  
SUITE 35  
PENSACOLA, FL 32506

**Current Mailing Address:**

4400 BAYOU BLVD.,  
SUITE 35  
PENSACOLA, FL 32506 US

**FEI Number: 59-3754372**

**Certificate of Status Desired: No**

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

LONGWELL, TINA  
4400 BAYOU BLVD., #35  
PENSACOLA, FL 32503 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVP  
Name WELLS, HANK  
Address 8972 ABBINGTON DR  
City-State-Zip: PENSACOLA FL 32534

Title PD  
Name STEPHENS, CHRISTINA M  
Address 8919 CAMELOT PLACE  
City-State-Zip: PENSACOLA FL 32534

Title DT  
Name FAIR, BRON  
Address 8967 CAMELOT PLACE  
City-State-Zip: PENSACOLA FL 32534

Title DIRECTOR  
Name GAINEY, JAMES  
Address 1443 NEWCASTLE PLACE  
City-State-Zip: PENSACOLA FL 32534

Title SECRETARY  
Name STEWART, JON  
Address 8969 ABBINGTON DR  
City-State-Zip: PENSACOLA FL 32534

*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: CHRISTINA STEPHENS**

**P**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date