

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004464

**Entity Name:** NEWPORT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

550 BALMORAL CIRCLE N., #305  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

550 BALMORAL CIRCLE N., #305  
JACKSONVILLE, FL 32218 US

**FEI Number:** 59-3208833

**Certificate of Status Desired:** No

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

J&L MANAGEMENT OF NORTH FL, INC.  
550 BALMORAL CIRCLE N., #305  
JACKSONVILLE, FL 32218 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 P  
Name LEONARD, LARRY  
Address 550 BALMORAL CIRCLE N., #305  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name HAUGABOOK, GLADYS  
Address 550 BALMORAL CIRCLE N., #305  
City-State-Zip: JACKSONVILLE FL 32218

Title S/T  
Name COLEMAN, FLORA  
Address 550 BALMORAL CIRCLE N., #305  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name DAVIS, MARY  
Address 550 BALMORAL CIRCLE N., #305  
City-State-Zip: JACKSONVILLE FL 32218

Title OFFICER  
Name WRIGHT, TINA  
Address 550 BALMORAL CIRCLE N., #305  
City-State-Zip: JACKSONVILLE FL 32218

*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:** LARRY LEONARD

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date