


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 028 ****61.25

DOCUMENT # 738967	
1. Entity Name VILLAS AT NEWFOUND HARBOR PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 110 S. WALTER CT. P.O. BOX 541794 MERRITT ISLAND FL 32952	Mailing Address P O BOX 541794 MERRITT ISLAND FL 32954-794 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2369218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYMAN, BETTY S 110 S. WALTER CT. MERRITT ISLAND FL 32952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due By May 1, 2005

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	VD HESTAD, ARNE K 165 S WALTER CT MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAPHNE DREW 60 N ROSILAND CT MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, DORIS 110 S. KENNETH CT. MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN AMBRUSTER 105 S. SUZANNE CT MERRITT ISLAND FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYMAN, JEANIE 110 S WALTER CT MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE RAYEN 70 N LEE CT. MERRITT ISLAND FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KINZALOW, PHYLLIS J 55 N MARJORIE CT MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERLEGGIS TORRES 85 N MARTINE CT MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, PERRY 90 N. LEE CT MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRI, LEANN 140 S. WALTER COURT MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betty S Hayman* **Betty S Hayman** **2/19/05** **321 459.1343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #