2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N01000004755

Entity Name: NEWPORT TOWN HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

121 KEY HAVEN CT
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

PO BOX 4009
TAMPA, FL 33677

New Mailing Address:

FEI Number: 65-1121472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUBIN, DAVID
121 KEY HAVEN CT
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIPPEL, DAVID
Address: 114 KEY HAVEN CT
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: LUBIN, DAVID
Address: 121 KEY HAVEN CT.
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: WILLIAMS, DONNA
Address: 109 KEY HAVEN CT.
City-St-Zip: TAMPA, FL 33606

Title: P ( ) Delete
Name: BUFALIERI, JAMES
Address: 101 KEY HAVEN COURT
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete
Name: SEXAVER, STEPHEN
Address: 1112 ISLAMORADA
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BIGLETE, ARNELL
Address: 105 KEY HAVEN CT.
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID LUBIN S 01/20/2009
Electronic Signature of Signing Officer or Director — Date