

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008781

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** NEW PROVIDENCE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**235 WEST DR  
MELBOURNE, FL 32904**New Principal Place of Business:**235 WEST DR  
MELBOURNE, FL 32904 US**Current Mailing Address:**235 WEST DR  
MELBOURNE, FL 32904**New Mailing Address:**235 WEST DR  
MELBOURNE, FL 32904 US**FEI Number:** 20-0472532**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MORRIS, JOHN F  
235 WEST DR  
MELBOURNE, FL 32904**Name and Address of New Registered Agent:**MORRIS, JOHN F  
235 WEST DR  
MELBOURNE, FL 32904 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:** JOHN F MORRIS

04/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** MORRIS, JOSEPH R  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904**Title:** DV ( ) Delete  
**Name:** MORRIS, JOHN F  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904**Title:** DST ( ) Delete  
**Name:** MORRIS, THOMAS R  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** MORRIS, JOSEPH R  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904 US**Title:** DV (X) Change ( ) Addition  
**Name:** MORRIS, JOHN F  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904 US**Title:** DST (X) Change ( ) Addition  
**Name:** MORRIS, THOMAS R  
**Address:** 235 WEST DR  
**City-St-Zip:** MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JOSEPH R MORRIS

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date