2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNOAL BEFORE (AB)					A 110	5 16 20	006	8·00	am
DOCUMENT # N03000008761 1. Entity Name					Aug 16, 2006 8:00 am Secretary of State				
NEW PROVIDENCE ESTATES HOMEOWNERS ASSOCIATION, INC.					08	-16-2006 900)03 011 ;	****61.2	5
Principal Place of Business		Mailing Address	1						
235 WEST DR MELBOURNE FL 32904 US		235 WEST DR MELBOURNE FL 32904 US							
2. Principal Place of Business 281 PROUNCIAL DR		3. Mailing Address 281 FROVIWCIAL DR							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MOORE CR2E037 (4/06)				
City & State I/VD/ALANTIC		_City & State 			4. FEI Number	20-0472532			oplied For
^{Zip} 32903 Country US		Zip 32903 Country U.S.		<u>'S</u>	5. Certificate of St	tatus Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
Name RAY R. CONNER									
MORRIS, JOHN F				Address (P.O. Box Number is Not Acceptable)					
235 WEST DR MELBOURNE FL 32904 235 WEST DR MELBOURNE FL 32904							1) R_		
				<u> </u>	ALANTIC		FL	Zip Code 329	e 6
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									ccept the
obligations of registered agent,									
SIGNATURE KAY CONNER 8-11-2006									
SIGNATURE RAY CONNERC 8-11-2006 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 9. Election Campaign Financing							ment of S		
10.	OFFICERS AND DIR	FCTORS	11.		ADDITIONS/CHANG		S AND DIDE		10
TITLE	DP	Delete	TITLE	DP		ILO TO OTTIOLES.	אוט טואנ	☐ Change	Addition
NAME	MORRIS, JOSEPH R		NAME	RA	Y B. COF PROVING	INER			7
STREET ADDRESS CITY-ST-ZIP	235 WEST DR MELBOURNE FL 32904		STREET ADORESS CITY-ST-ZIP	281	PROVING	IAL DR	- *3		
TITLE	DV	Delete	TITLE		ALANTIC,	FC 3291	<u>05</u>	Channe	Addition
NAME	MORRIS, JOHN F	. Delete	NAME	DV	SDAR	: R		☐ Change	Addition
STREET ADDRESS	235 WEST DR		STREET ADDRESS	283	S-BAB PROUIN IALANTIC	CIAL DR			:
CITY-ST-7IP	MELBOURNE FL 32904		CITY-ST-ZIP	INI	IALANTIC	_ ⊬∟ 32			
TITLE NAME	DST—— MORRIS, THOMAS R	Delete	TITLE NAME	DS	autiat DE	ONWER		Change	Addition
STREET ADDRESS	235 WEST DR		STREET ADDRESS	795	OROUINCI PROUINCI	AL DA	,		
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-ST-ZIP	IND!	RUIN BEI PROUINCI IALANTIC	FL 320	103		
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Detete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE	<u> </u>	☐ Delete	TITLE					Change	Addition
NAME PARSEL LERRISON			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	ertify that the information sunnited with the	nis filing does not qualify for the		ained in C	hanter 110 Florida	Statutes I furthe	r cortife that	t the informa	ation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kay Land Typer OF BENTED NAME OF SIGNATURE SIGNATURE OF SIG