
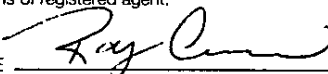
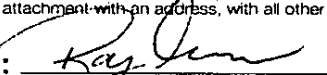


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90003 011 ****61.25

DOCUMENT # N03000008781 1. Entity Name NEW PROVIDENCE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 235 WEST DR MELBOURNE FL 32904 US			Mailing Address 235 WEST DR MELBOURNE FL 32904 US		
2. Principal Place of Business 281 PROVINCIAL DR		3. Mailing Address 281 PROVINCIAL DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIALANTIC		City & State INDIALANTIC		4. FEI Number 20-0472532	
Zip 32903		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, JOHN F 235 WEST DR MELBOURNE FL 32904			7. Name and Address of New Registered Agent Name RAY B. CONNER Street Address (P.O. Box Number is Not Acceptable) 281 PROVINCIAL DR City INDIALANTIC FL Zip Code 32903		
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  RAY CONNER 8-11-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP MORRIS, JOSEPH R 235 WEST DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAY B. CONNER 281 PROVINCIAL DR INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, JOHN F 235 WEST DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOE S. BARR 283 PROVINCIAL DR INDIALANTIC FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORRIS, THOMAS R 235 WEST DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARVIN BERDINSKY 285 PROVINCIAL DR INDIALANTIC FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<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 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:  RAY CONNER 8-11-2006 321.435-7618					