

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008781**

1. Entity Name  
**NEW PROVIDENCE ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**281 PROVINCIAL DR  
INDIALANTIC, FL 32903 US**

Mailing Address  
**281 PROVINCIAL DR  
INDIALANTIC, FL 32903 US**

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-0472532**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CONNER, RAY B  
281 PROVINCIAL DR  
INDIALANTIC, FL 32903**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000879491  
04/15/08-80023-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
CONNER, RAY B  
281 PROVINCIAL DR  
INDIALANTIC, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
BABB, JOE S  
283 PROVINCIAL DR  
INDIALANTIC, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
BERDINSKY, MARVIN  
285 PROVINCIAL DR  
INDIALANTIC, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-24-2008 321-779-7884**