## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2005 8:00 am Secretary of State

								, Secretary of State				
DOCUMENT # N0400007648  1. Entity Name NEWPORT HOMEOWNERS' ASSOCIATION OF									21-2005 90			
OKALOOSA, INC.							Train !					
508-A CAPITAL CIRCLE S.E. 508				ailing Address 08-A CAPITAL CIRCLE S.E. ALLAHASSEE, FL 32301								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182005 C	thg-NP	CR2E037	(10/03)		
City & Stat	te	City & State					4. FEI Number	519343		<u> </u>	plied For t Applicable	
Zip	Country				Cou	untry	_	5. Certificate of S		m \$	8.75 Add	litional
6. Name and Address of Current Registers				d Agent		7. Name and Address of New Registered Agent						
	o. warne	and Address of Current	negistere	u Agent		Name		7. Name and Add	11622 OI 1464 H	cylsteren A	Jenr	
THOMPSON, SUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR						Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32309						<u> </u>	<u>'</u>		<u> </u>			
,					City		FL Zip Code				e	
<ol> <li>The above named entity submits this statement for the purpose of changing its registered o the obligations of registered agent.</li> </ol>								red agent, or both, in	the State of Flo	rida. I am fa	miliar with,	and accept
The deligation to a regional ed again.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	Filing Fe	9. Election Campaign I 7 Trust Fund Contribut					\$5.00 May Be Added to Fees Florida Department of					
		OFFICERS AND DI	BECTORO.		11.			ADDITIONS/CHANG	ES TO OFFICE	DE AND DID	CTOPS (N	941512145 10
10.	ΤD	OPPICERS AND DI	HECTORS				<del> </del>	ADDITIONS/CHAING	SES TO OFFICE			
NAME .	I -	, DOUGLAS E		☐ Delete	TITL NAM						Change	☐ Addition
STREET ADDRESS	<u> </u>											
CITY-ST-ZIP	1						ADDRESS   T-ZIP					•
	D	10022,12 02001		Delete	TITL		├—				Change	Addition
NAME	SAXON.	FRFD		Delete	NAM						Change	
STREET ADDRESS	1 . ,	PITAL CIRCLE S.E.				EET ADDRESS						
CITY-ST-ZIP	1	ASSEE, FL 32301				-ST-ZIP						
TITLE	D	·		Delete	TITL	E		$\overline{\mathcal{D}}$			Change	Addition
NAME	TURNER	, FREDERICK E		-3	NAM	IE	Ji	sho o'Reill	<b>5</b>		•	•
STREET ADDRESS	508-A CA	APITAL CIRCLE S.E.			· STR	eet address	508	A Copital (	Circle SE	<u>.</u>		
CITY-ST-ZIP	TALLAHA	ASSEE, FL 32301			CITY	-ST-ZIP	Tall	ahasser F	( 3 <del>3</del> 30	5		
TITLE				☐ Delete	TITL	E		1			☐ Change	☐ Addition
NAME *			** -*		NAM							
STREET ADDRESS						EET AODRESS						
CITY-ST-ZIP	<del>                                     </del>					-ST-ZIP	<u> </u>					
TITLE				Delete	TITL						☐ Change	Addition
NAME CTREET ADDRESS				•	NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
<del></del>	<del>                                     </del>			☐ Delete	TITL		<b></b>	<del></del>			Change	☐ Addition
TITLE	1											

12. I hereby certify that the information supplied with this filling does not qualify 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 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 of 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.

NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #