

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 044 ****61.25

DOCUMENT # N04000007648 1. Entity Name NEWPORT HOMEOWNERS' ASSOCIATION OF OKALOOSA, INC.			
Principal Place of Business 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301		Mailing Address 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6580 Suite, Apt. #, etc.	
City & State Destin, FL		4. FEI Number 51-0519343	
Zip 32550		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	D TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAXON, FRED 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'REILLY, JOHN 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>John O'Reilly, Director</i>		Date: 4-11-07 Daytime Phone #: 850-656-4663	