

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90414 036 ****61.25

DOCUMENT # N93000004464

1. Entity Name

NEWPORT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**9440 PHILLIPS HWY
 #9
 JACKSONVILLE FL 32256
 US**

Mailing Address

**9440 PHILLIPS HWY
 #9
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

**6028 CHESTER AVE
 Suite, Apt. #, etc.
 202**

3. Mailing Address

P.O. Box 57911

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3208833

Applied For

Not Applicable

Zip

32217

Country

US

Zip

32241

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HITE, PATSY A.
 9440 PHILLIPS HWY
 #9
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

**PAIRIE R. PENN
 Street Address (P.O. Box Number is Not Acceptable)
 6028 CHESTER AVE 202
 City JACKSONVILLE FL Zip Code 32217**

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.

SIGNATURE

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
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, KENNY	
STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GANDY, ROYCE C	
STREET ADDRESS	9440 PHILLIPS HWY, #9	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HITE, PATSY A	
STREET ADDRESS	9440 PHILLIPS HWY #9	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY LEONARD	
STREET ADDRESS	1029 BERTHA ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLADYS HAUGABOOK	
STREET ADDRESS	1084 WOODBRIDGE HOLLOW RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLA LESTER	
STREET ADDRESS	1101 WOODBRIDGE HOLLOW RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR PARKER	
STREET ADDRESS	1030 BERTHA ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA PHILYAN	
STREET ADDRESS	1141 BERTHA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 life empowered.

SIGNATURE: **LARRY LEONARD** 4/24/01 904-260-9183

CR2E037 (10/00)