

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90025 014 \*\*\*\*61.25

DOCUMENT # N93000004464

1. Entity Name

NEWPORT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6028 CHESTER AVE #202  
JACKSONVILLE FL 32217  
US

PO BOX 57911  
JACKSONVILLE FL 32241  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENN, PATRIC R  
6028 CHESTER AVE #202  
JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LEONARD, LARRY  
STREET ADDRESS 1029 BERTHA ST  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D  
NAME BELL, JOHNNY  
STREET ADDRESS 1092 WOODBRIDGE HOLLOW RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Change ☒ Addition

TITLE TD  
NAME HAUGABOOK, GLADYS  
STREET ADDRESS 1084 WOODBRIDGE HOLLOW RD  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D  
NAME HARTSFIELD, EDDIE  
STREET ADDRESS 1104 BERTHA ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Change ☒ Addition

TITLE SD  
NAME LESTER, NOLA  
STREET ADDRESS 1101 WOODBRIDGE HOLLOW ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME PARKER, ARTHUR  
STREET ADDRESS 1030 BERTHA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE UPD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME PHILYAN, ANGELA  
STREET ADDRESS 1141 BERTHA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY LEONARD

4/16/02

204-260-983

Date

Daytime Phone #

CR2E037 (9/01)