


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90076 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001654					
1. Corporation Name NEW PORT COLONY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5653 MAIN STREET NEW PORT RICHEY FL 34652			Mailing Address 5653 MAIN STREET NEW PORT RICHEY FL 34652		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/26/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3371897	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SKIPPER, SALLIE D 5653 MAIN STREET NEW PORT RICHEY FL 34652				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, ERNEST D.			1.2 NAME	21 Moraw		
STREET ADDRESS	4918 ILENER			1.3 STREET ADDRESS	4926 Hazner St		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			1.4 CITY-ST-ZIP	new Port Richey FL 34652		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREAMER, MARTI			2.2 NAME	Marti CREAMER		
STREET ADDRESS	4943 HAZNER			2.3 STREET ADDRESS	4943 ILENER ST		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			2.4 CITY-ST-ZIP	new Port Richey FL 34652		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V Pres D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLODY, ROY			3.2 NAME	Roy Slody		
STREET ADDRESS	4934 ELKNER			3.3 STREET ADDRESS	4934 Elkner St		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			3.4 CITY-ST-ZIP	new Port Richey FL 34652		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Jack Simms D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	4937 GATEWAY		
STREET ADDRESS				4.3 STREET ADDRESS	new Port Richey FL 34652		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D/hw Paniceilo	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	PANICEILO D		
STREET ADDRESS				5.3 STREET ADDRESS	5010 CAMERON ST		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	new Port Richey FL 34652		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marti Creamer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARTI CREAMER

2-17-99

757 8486271

Date

Daytime Phone #

CR2E037 (11/98)