

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 029 ****61.25

DOCUMENT # N98000002504 1. Entity Name NEWPORT PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503-4350			Mailing Address 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503-4350		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ETHERRIDGE, RAY O 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503				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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		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	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZILER, LINDA		NAME	Linda Ziler	
STREET ADDRESS	2496 SPYGLASS CIRCLE		STREET ADDRESS	2496 Spyglass Circle	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNIPP, JAMES		NAME	Dave Kaetzel	
STREET ADDRESS	3008 BRIGANTINE DR.		STREET ADDRESS	2432 Spyglass Circle	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DELMAS, FRANCES		NAME	Patrick Maher	
STREET ADDRESS	2400 SPYGLASS CIRCLE		STREET ADDRESS	2456 Spyglass Circle	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOORE, ALICE		NAME	Holly Henry	
STREET ADDRESS	2484 SPYGLASS CIRCLE		STREET ADDRESS	2412 Spyglass Circle	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANFORD, DAVE		NAME		
STREET ADDRESS	2452 SPYGLASS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Ruth Gowin	
STREET ADDRESS			STREET ADDRESS	2417 Spyglass Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32526	
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: <u><i>Dave Kaetzel</i></u> Dave Kaetzel <u>28 Apr 2005</u> <u>850-944-6682</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					