

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724861 (0)

1. Corporation Name

NEWPORT AT LAUDERHILL ASSOCIATION, INC.



Principal Place of Business: SUMMIT PROPERTY MANAGEMENT, 6289 W. SUNRISE BLVD #202, SUNRISE FL 33313
Mailing Address: SUMMIT PROPERTY MANAGEMENT, 6289 W. SUNRISE BLVD #202, SUNRISE FL 33313

3. Date Incorporated or Qualified: 11/22/1972
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1488183	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC
6289 W. SUNRISE BLVD #202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PEARL	1.2 NAME	
STREET ADDRESS	2061 N.W. 46TH AVE, #201-G	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	FD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, MAURINE	2.2 NAME	Willie Washington
STREET ADDRESS	2017 N.W. 46 AVE., #306-E	2.3 STREET ADDRESS	2017 NW 46 Ave., # 509A
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Lauderhill, FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLINTOCK, DEE	3.2 NAME	Bert LaChance
STREET ADDRESS	2039 NW 46TH AVENUE #1010	3.3 STREET ADDRESS	2017 NW 46 Ave., # 308A
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	Lauderhill, FL
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS, BILL	4.2 NAME	Annette Edman
STREET ADDRESS	1051 NW 45TH ST	4.3 STREET ADDRESS	2015 NW 46 Ave., #203B
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Lauderhill, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, HANK	5.2 NAME	Julette Williams
STREET ADDRESS	2055 NW 46 AVE STE 204F	5.3 STREET ADDRESS	2051 NW 46 Ave., #201F
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	Lauderhill, FL
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPERVAL	6.2 NAME	
STREET ADDRESS	2075 NW 46 AVE STE 2011	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)