


FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33313-6154
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3. Date Incorporated or Qualified 11/22/1972	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation FL Zip 33318	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation FL Zip 33318
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4. FEI Number 59-1488183	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	4450 W. Sunrise Blvd.
83	Suite C-100
84 City	Plantation FL
85 Zip Code	33313

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, PEARL	
STREET ADDRESS	2061 N.W. 46TH AVE, #201-G	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIE	
STREET ADDRESS	2017 NW 46 AVENUE #509A	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACHANCE, BERT	
STREET ADDRESS	2017 NW 46 AVENUE #308A	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDMAN, ANNETTE	
STREET ADDRESS	2015 NW 46 AVENUE #203B	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JULETTE	
STREET ADDRESS	2051 NW 46 AVENUE #201F	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUPERVAL	
STREET ADDRESS	2075 NW 46 AVE STE 2011	
CITY-ST-ZIP	LAUDERHILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)