

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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		Mailing Address	
P.O. BOX 188013 6289 W. SUNRISE BLVD #202 PLANTATION FL 33318 US		P.O. BOX 188013 6289 W. SUNRISE BLVD #202 PLANTATION FL 33318 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Pro Property Mgmt →	26 2176 W Oakland Pk B	11/22/1972	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	
23 City & State	28 Fort Lauderdale FL	59-1488183	
24 Zip	29 33311	Applied For	
25 Country	30 USA	Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**SUMMIT PROPERTY MANAGEMENT, INC**  
4450 W. SUNRISE BLVD.  
SUITE 100-C  
PLANTATION FL 33318

10. Name and Address of New Registered Agent

81 Name	Pro Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable)	2176 W Oakland Pk Blvd
83	
84 City	Fort Lauderdale, FL
85 Zip Code	33311

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.1503, Florida Statutes.

SIGNATURE: *Sandra M. Dallen* DATE: 5-1-98

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PEARL	
STREET ADDRESS	2061 NW 46TH AVE, #201-G	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIE	
STREET ADDRESS	2017 NW 46 AVENUE #509A	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D PRES.	<input type="checkbox"/> DELETE
NAME	LACHANCE, BERT	
STREET ADDRESS	2017 NW 46 AVENUE #308A	2717 NW 46 AVE # A-308
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDMAN, ANNETTE	
STREET ADDRESS	2015 NW 46 AVENUE #203B	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JULETTE	
STREET ADDRESS	2051 NW 46 AVENUE #201F	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VD	<input checked="" 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	JOHN SIMS (PRES.)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2029 NW 46 AVE. #309	
1.3 STREET ADDRESS	LAUDERHILL FL 33313	
1.4 CITY-ST-ZIP		
2.1 TITLE	JOHN McCall, (V. Pres)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2029 NW 46 AVE 110-E	
2.3 STREET ADDRESS	LAUDERHILL FL 33313	
2.4 CITY-ST-ZIP		
3.1 TITLE	Sonia Benkel (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Robert Smith Jr Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2029 NW 46 AVE # 105-E	
4.3 STREET ADDRESS	LAUDERHILL FL 33313	
4.4 CITY-ST-ZIP		
5.1 TITLE	James Nanan, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	EVAN D. Myne, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Sandra M. Dallen* DATE: 5-1-98 954 733 3100

CR2E037 (10/97)