


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

02-15-1999 90014 019 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 724861</b> 1. Corporation Name <b>NEWPORT AT LAUDERHILL ASSOCIATION, INC.</b>		
Principal Place of Business 2176 W OAKLAND PARK B 6289 W. SUNRISE BLVD #202 FT LAUDERDALE FL 33311 US	Mailing Address 2176 W OAKLAND PARK B FT LAUDERDALE FL 33311 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/22/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1488183
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
PRO PROPERTY MGMT 2176 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JOHN	1.2 NAME	
STREET ADDRESS	2029 NW 46TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, JOHN	2.2 NAME	
STREET ADDRESS	2029 NW 46TH AVENUE #110-E	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, SONIA	3.2 NAME	
STREET ADDRESS	2717 NW 46TH AVENUE #A308	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT J	4.2 NAME	
STREET ADDRESS	2029 NW 46TH AVENUE #105-E	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANAN, JAMES	5.2 NAME	
STREET ADDRESS	2051 NW 46 AVENUE #201F	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNER, EVAN D	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	

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: \_\_\_\_\_ DATE: 01-26-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)