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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 733141

(6)

NEWTH GARDENS ASSOCIATION, INC.

No Barrian Robert Substance Substanc	(
BECKER POLIAKOFF & STREITFELD, P.A. 311 STRINKS ROUD 9. Name and Address of Current Regulatered Agent 11. Disagrate to both in the State of Porchs Study and BY 1 SIGR. Food Study and BY 1 SIGR. Foo	Principal Place	of Business	Mailing Address			ANDI DIBUT BEBUT BURU BURU BURU BURU BURU BURU
2. Principal Place of Business 2a. Mailing Address 3c. Mailing Address 59-1229087 Activitized South April 1, etc. 50-1229087 South April 1, et						
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Suns, Apt. 9, etc. Suns, Apt. 9, etc. Suns, Apt. 9, etc.		ce of Business	— °		I	
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Part	City & State		City & State			
BECKER, POLIAKOFF & STREITFELD, P.A. 311 STRELING ROAD P.O. BOX 9057 FT. LAUDERDALE FL 33310-6057 FT.	Zip	├ ─┐ '	Zip		8. This corporation has liability for in	ntangible tax under s. 199.032,
BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STRUING ROAD P.D. BOX 9057 FT. LAUDERDALE FL 33310-6057 33	24			[30]		
BECKER, POLIAKOFF & STREITFELD, P.A. 311 STRELING ROAD P.O. BOY 9057 FT. LAUDERDALE FL 33310-6057 11. Pursuant to the provisions of Sections 617 6000 and 617 5000. Florids State have remarked expendion submits this statement for the purpose of Charles State change was authorised by the Corporation's board of directors. Therefore, board of directors in the statement for the purpose of Charles State change was authorised by the Corporation's board of directors. Therefore, board of directors. The purpose of Charles Statutes. 11. Purpose Application of Charles Statutes. 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. NAME STIPA, C.J. 13. TO STIPE ADDRESS 10 OFFICERS AND DIRECTORS IN 12 14. TO STIPE ADDRESS 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTORS IN 12 15. The Statute 10 OFFICERS AND DIRECTO		9. Name and Address of Curi	rent Hegistered Agent	B4 Name	10. Name and Address of New A	agistered wgent
1. 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 diffice or opistered 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 diffice or opistered agent, or both in the State of Florida Statutes. Signature	3111 ST P.O. BOX	rling road (9057	P.A.	82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of crectors. I hereby accept the appointment as registered agent. I arrivantal	FT. LAUC	DERDALE FL 33310-6057		84 City		FL 85 Zip Code
12. OFFICERS AND DIRECTORS 13.47 OFFICERS MOD DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS 13.47 OFFICERS MOD DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS 13.47 OFFICERS MOD DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS 13.47 OFFICERS MOD DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS 13.47 OFFICERS MOD DIRECTORS IN 12 TITLE VD OFFICERS AND DIRECTORS IN 12 TITLE VD	or registere familiar with	ed agent, or both, in the State of Fi	lorida. Such change was auth	orized by the corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
Simple S	SIGNATURE _		`	(NOTE: Registered Agent signature requi	red when reinstating)	DATE
Simple S						CERS AND DIRECTORS IN 12
Simple S	THILE	• •	DEFFEIF	•		D Custide □ Vooimon
Simple S	NAME	STIPA, C.J.				IAN
Simple S	STREET ADDRESS			1.3 STREET ADDRESS 1	040 Banyan Rd - 50	05C
Simple S	CITY-ST-ZIP	BOCA RATON FL				32
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CITY-ST-ZIP BOCA RATON, FL 00000 2 4. CITY-ST-ZIP BOCA RATON, FL 334332 TITLE PD D DELETE 31 TILE 3 Secretary NANCY HOLLERBACH 32 TIME NANCY HOLLERBACH 33 STREET ADDRESS 1040 BANYAN RD 33 STREET ADDRESS 10.09 S. Ocean Blvd - 30.6S CITY-ST-ZIP BOCA RATON, FL 00000 34. CITY-ST-ZIP BOCA RATON, FL 00000 42 NAME MACKAY, DONALD 4. STREET ADDRESS 10.09 S. Ocean Blvd - 30.1S CITY-ST-ZIP BOCA RATON, FL 00000 44. CITY-ST-ZIP BOCA RATON, FL 00000 44. CITY-ST-ZIP BOCA RATON, FL 00000 44. CITY-ST-ZIP BOCA RATON, FL 00000 52 NAME TAGER, JACK 5. STREET ADDRESS 10.01 E. Camino Real - 10.3N STREET ADDRESS 10.01 BANYAN RAOD 53. STREET ADDRESS 10.01 E. Camino Real - 10.3N STREET ADDRESS 10.01 E. CAMINO REAL 61. TITLE 6) Director MACHAIL 10.01 E. CAMINO REAL 52. NAME JACOB HARPOOTIAN 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.01 E. CAMINO REAL 54. CITY-ST-ZIP BOCA RATON, FL 33.43.2 TITLE AS DOCA RATON FL 00.000 53. STREET ADDRESS 10.000 53. STREET	NAME	POLISSE, CONNIE		^{22 NAME} R	ITA WAX	
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TITLE TAGER, JACK STREET ADDRESS 1040 BANYAN RAOD BOCA RATON FL TITLE AS DELETE 61 TITLE AS DOITECTOT F. PATRICK BUTLER 1001 E. Camino Real - 103N BOCA RATON FL MAME JOEL, WILLIAM STREET ADDRESS 1001 E. CAMINO REAL 62 NAME JACOB HARPOOTIAN 63 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 64 CITY-ST-ZIP BOCA RATON FL 64 CITY-ST-ZIP BOCA RATON FL 64 CITY-ST-ZIP BOCA RATON FL 65 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 66 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 67 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 68 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 69 S. Ocean Blvd - 506S 64 CITY-ST-ZIP BOCA RATON FL 14. 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 principtor 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: LEGITIVE AND TYPED OR PRINTER NAME OF SIGNING DEFICER OR DIRECTOR Director: ALAN J. MACHER TOO1 E. Camino Real _ 104N, Boca Raton FL334	STREET ADDRESS	1040 BANYAN RD		43 STREET ADDRESS 1	099 S. Ocean Blvd	- 301s
TAGER, JACK STREET ADDRESS 1040 BANYAN RAOD BOCA RATON FL 1051 BOCA RATON FL 1052 BOCA RATON FL 1053 STREET ADDRESS 1053 STREET ADDRESS 1054 BOCA RATON FL 1055 BOCA RATON FL 1055 BOCA RATON FL 1055 BOCA RATON FL 1056 BOCA RATON FL 1057 BOCA RATON FL 1058 BOCA RATON FL 1058 BOCA RATON FL 1059 S. Ocean Blvd - 506S 1050 BOCA RATON FL 1050 BOCA RATON	CITY-ST-ZIP	BOCA RATON, FL 00000				32
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TITLE AS DELETE S1 TITLE 6) Director Made Delete Director Delete Director Delete Director Delete Director Director	STREET ADDRESS	1040 BANYAN RAOD				1 - 103N
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STREET ADDRESS 1001 E. CAMINO REAL 6.3 STREET ADDRESS 1099 S. Ocean Blvd - 506S 6.4 CITY-ST-ZIP BOCA RATON FL 10 be 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: 1099 S. Ocean Blvd - 506S 64CITY-ST-ZIP BOCA RATON, FL 33432 1099 S. Ocean Blvd - 506S 64CITY-ST-ZIP BOCA	TITLE	AS	DELETE	-/ -		🔀 Change 🔲 Addition
14. 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 principlor 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: 64CITY-SI-ZIP BOCA RATON, FL 33442 64CITY-SI-	NAME	JOEL, WILLIAM				
14. 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 princitor 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: Boca Raton, FL 33442 Boca Raton, FL 33432 Boca Raton, FL 34422 Boca Rato	STREET ADDRESS	· ·				
14. 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 princitor 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. Director: ALAN J. MACHER Tool E. Camino Real _ 104N, Boca Ratol FL334.	CITY-ST-ZIP	ROCA RATON FI		6.4 CITY-ST-ZIP B	oca Raton, FL 334	32
SIGNATURE: (Signature and Types on pointer walk of Signature Office of Children of Childre	14. I do hereb	by certify that the information suppli		furnished and does not qualify	y for the exemption stated in Section 119, irate and that my signature shall have the this report as required by Chapter 617, Fi	.07(3)(k), Florida Statutes, I further same legal effect as if made under orida Statutes; and that my name
		URE: /achon/	~ yare-	- Tresider	TOUT E. Camino Rea.	1 - 104N, Boca Rator FL334

SIGNATURE AND TYPED OR PRIME NAME OF SIGNING OFFICER OR DIRECTOR
Kachadoor N. Kazarian, President

FI 407/391-5262