

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733141 (6)

1. Corporation Name
NEWTN GARDENS ASSOCIATION, INC.



Principal Place of Business: 1040 BANYAN ROAD BOCA RATON FL 33432
Mailing Address: 1040 BANYAN ROAD BOCA RATON FL 33432

3. Date Incorporated or Qualified: 06/23/1975
3a. Date of Last Report: 02/08/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	59-1229087	Applied For						
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required						
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees						
24	Zip	25	Country	29	Zip	30	Country	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				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD P.O. BOX 9057 FT. LAUDERDALE FL 33310-6057				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. (7 OFFICERS) CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	1) President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STIPA, C.J.		1.2 NAME	KACHADOOR N. KAZARIAN			
STREET ADDRESS	1001 E. CAMINO REAL		1.3 STREET ADDRESS	1040 Banyan Rd - 505C			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33432			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	2) Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POLISSE, CONNIE		2.2 NAME	RITA WAX			
STREET ADDRESS	1099 S OCEAN BLVD		2.3 STREET ADDRESS	1099 S. Ocean Blvd - 202S			
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	Boca Raton, FL 33432			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	3) Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEW, DONALD		3.2 NAME	NANCY HOLLERBACH			
STREET ADDRESS	1040 BANYAN RD		3.3 STREET ADDRESS	1099 S. Ocean Blvd - 306S			
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP	Boca Raton, FL 33432			
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	4) Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MACKAY, DONALD		4.2 NAME	MATTHEW J. McGRATH			
STREET ADDRESS	1040 BANYAN RD		4.3 STREET ADDRESS	1099 S. Ocean Blvd - 301S			
CITY-ST-ZIP	BOCA RATON, FL 00000		4.4 CITY-ST-ZIP	Boca Raton, FL 33432			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	5) Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAGER, JACK		5.2 NAME	F. PATRICK BUTLER			
STREET ADDRESS	1040 BANYAN RAOD		5.3 STREET ADDRESS	1001 E. Camino Real - 103N			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, FL 33432			
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	6) Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOEL, WILLIAM		6.2 NAME	JACOB HARPOOTIAN			
STREET ADDRESS	1001 E. CAMINO REAL		6.3 STREET ADDRESS	1099 S. Ocean Blvd - 506S			
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	Boca Raton, FL 33432			

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 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: *Kachadoor N. Kazarian*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kachadoor N. Kazarian, President**
 Date: 4/18/96
 Daytime Phone #: 407/391-5262

CR2E037 (12/95)