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**Feb 06 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 733141 (6)

1. Corporation Name
NEWTH GARDENS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **06/23/1975** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-1229087 Applied For 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 checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZARIAN, KACHADOOR N.	1.2 NAME	
STREET ADDRESS	1040 BANYAN RD, 505C	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAX, RITA	2.2 NAME	
STREET ADDRESS	1099 S OCEAN BLVD, 202S	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000 33432	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLERBACH, NANCY	3.2 NAME	T (Nancy Hollerbach)
STREET ADDRESS	1099 S OCEAN BLVD, 306S	3.3 STREET ADDRESS	HOLLERBACH, NANCY
CITY-ST-ZIP	BOCA RATON, FL 00000 33432	3.4 CITY-ST-ZIP	1099 S. OCEAN BLVD, 306 S
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, MATTHEW J.	4.2 NAME	D McGrath, Matthew J.
STREET ADDRESS	1099 S OCEAN BLVD, 301S	4.3 STREET ADDRESS	1099 S. Ocean Blvd, 301S
CITY-ST-ZIP	BOCA RATON, FL 00000 33432	4.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, F. PATRICK	5.2 NAME	D Macher, Alan
STREET ADDRESS	1001 E CAMINO REAL-103N	5.3 STREET ADDRESS	1001 E. Camino Real-104N
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPOOTIAN, JACOB	6.2 NAME	
STREET ADDRESS	1099 S OCEAN BLVD, 506S	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	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: *Kachadoor Kazarian* **Kachadoor Kazarian, Pres.** 1/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039005

CR2E037 (9/96)