


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733141** (6)

1. Corporation Name

NEWTN GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1040 BANYAN ROAD
BOCA RATON FL 33432**

**1040 BANYAN ROAD
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

06/23/1975

4. FEI Number

59-1229087

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ 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 33310-8057**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **Mary DeVorken, Pres.**

4/21/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KAZARIAN, KACHADOOR N.	
STREET ADDRESS	1040 BANYAN RD, 505C	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY DeVORKEN	
1.3 STREET ADDRESS	1040 Banyan Rd - 402C	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WAX, RITA	
STREET ADDRESS	1099 S OCEAN BLVD, 202S	
CITY-ST-ZIP	BOCA RATON, FL 00000	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Remains Same	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLLERBACH, NANCY	
STREET ADDRESS	1099 S OCEAN BLVD, 306S	
CITY-ST-ZIP	BOCA RATON, FL 00000	

3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA CONNELL	
3.3 STREET ADDRESS	1001 E. Camino Real - 503N	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, MATTHEW J.	
STREET ADDRESS	1099 S OCEAN BLVD, 301S	
CITY-ST-ZIP	BOCA RATON, FL 00000	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AUGUST J. LEONE	
4.3 STREET ADDRESS	1001 E. Camino Real - 107N	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, F. PATRICK	
STREET ADDRESS	1001 E CAMINO REAL-103N	
CITY-ST-ZIP	BOCA RATON FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACOB HARPOOTIAN	
5.3 STREET ADDRESS	1099 S. Ocean Blvd - 506S	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPOOTIAN, JACOB	
STREET ADDRESS	1099 S OCEAN BLVD, 506S	
CITY-ST-ZIP	BOCA RATON FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KACHADOOR N. KAZARIAN	
6.3 STREET ADDRESS	1001 E. Camino Real - 501N	
6.4 CITY-ST-ZIP	Boca Raton, FL 33432	

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 **Mary DeVorken, Pres.** 4/21/98

561/391-5262

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