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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733141

1. Corporation Name

NEWTH GARDENS ASSOCIATION, INC.

Principal Place of Business

1040 BANYAN ROAD
BOCA RATON FL 33432

Mailing Address

1040 BANYAN ROAD
BOCA RATON FL 33432



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/23/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1229087

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

1/6/99

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
NAME DEVORKEN, MARY
STREET ADDRESS 1040 BANYAN RD, 402C
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME WAX, RITA
STREET ADDRESS 1099 S OCEAN BLVD, 202S
CITY-ST-ZIP BOCA RATON, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CONNELL, PATRICIA
STREET ADDRESS 1001 E. CAMINO REAL, 503N
CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE LEONE, AUGUST J.
NAME
STREET ADDRESS 1001 E. CAMINO REAL, 107N
CITY-ST-ZIP BOCA RATON FL 33432

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HARPOOTIAN, JACOB
STREET ADDRESS 1099 S. OCEAN BLVD, 506S
CITY-ST-ZIP BOCA RATON FL 33432

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KAZARIAN, KACHADOOR N.
STREET ADDRESS 1001 E. CAMINO REAL, 501N
CITY-ST-ZIP BOCA RATON FL 33432

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 561/391-5262

Date

Daytime Phone #

CR2E037 (11/98)