

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 MAY -1 PM 6: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001
32760.00 **130.00
DO NOT WRITE IN THIS SPACE

| | | |
|---|---|--|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 738664 (2)
1. Corporation Name
NEWPORT "E" CONDOMINIUM ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business C/O NEWPORT E-86 CENTURY VILLAGE EAST DEERFIELD BCH FL 33442 | Mailing Address C/O NEWPORT E-86 CENTURY VILLAGE EAST DEERFIELD BCH FL 33442 |
|--|--|

| | |
|---|--|
| 3. Date incorporated or Qualified 04/13/1977 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-1930609 | Applied For <input type="checkbox"/> 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent
**CONDO OWNERS ORGANIZATION CENTURY VIL,E,IN
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-8025**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL |
| B5 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE P | WALLANS, JACK NEWPORT E 77 DEERFIELD BEACH FL | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | |
| TITLE S | SONE, SAUL NEWPORT E-88 DEERFIELD BEACH FL | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE D | SIDER, IRVING NEWPORT E-73 DEERFIELD BEACH FL | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE D | FEDERMAN, HATTIE NEWPORT E 78 DEERFIELD BEACH FL | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE T | DIAMOND, BERNICE NEWPORT E 86 DEERFIELD BEACH FL | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE V | HANZMAN, CHARLOTTE NEWPORT E 87 DEERFIELD BEACH FL | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernice Diamond* *Bernice B Diamond* **07/27/95** **305-427-6647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)