

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738664 (2)

1. Corporation Name

NEWPORT "E" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O NEWPORT E-86
CENTURY VILLAGE EAST
DEERFIELD BCH FL 33442

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: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1930609	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

CONDO OWNERS ORGANIZATION CENTURY VILE.IN
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-8025

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 officer 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

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	1.1 TITLE	P/D
NAME	WALLANS, JACK	1.2 NAME	CHARLOTTE HANZMAN
STREET ADDRESS	NEWPORT E 77	1.3 STREET ADDRESS	NEWPORT "E" 87
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BCH. FL.
TITLE	S	2.1 TITLE	
NAME	SONE, SAUL	2.2 NAME	
STREET ADDRESS	NEWPORT E-88	2.3 STREET ADDRESS	700001797577
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	-04/29/96--01024--001
TITLE	D	3.1 TITLE	
NAME	SIDER, IRVING	3.2 NAME	***15128.75
STREET ADDRESS	NEWPORT E-73	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	FEDERMAN, HATTIE	4.2 NAME	SHIRLEY SHAR
STREET ADDRESS	NEWPORT E 78	4.3 STREET ADDRESS	NEWPORT "E" 75
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	T	5.1 TITLE	T
NAME	DIAMOND, BERNICE	5.2 NAME	Sally gerson
STREET ADDRESS	NEWPORT E 86	5.3 STREET ADDRESS	NEWPORT "E" 84
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	DEERFIELD BCH, FL
TITLE	V	6.1 TITLE	V/D
NAME	HANZMAN, CHARLOTTE	6.2 NAME	Diamond Bernice
STREET ADDRESS	NEWPORT E 87	6.3 STREET ADDRESS	NEWPORT "E" 86
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	Deerfield Bch

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: Charlotte C. Hanzman 3/15/96 4284875 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)