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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 738664

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-1930609

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 PD  
 NAME HANZMAN, CHARLOTTE  
 STREET ADDRESS NEWPORT E 87  
 CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE PD  
 1.2 NAME MITCHELL ROSENBERG  
 1.3 STREET ADDRESS NEWPORT E-82  
 1.4 CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE S  
 NAME STARK, ETHEL  
 STREET ADDRESS NEWPORT E-83  
 CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE S  
 2.2 NAME ETHEL STARK  
 2.3 STREET ADDRESS NEWPORT E-83  
 2.4 CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE VD  
 NAME EDELSTEIN, ANITA  
 STREET ADDRESS NEWPORT E-80  
 CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE VD  
 3.2 NAME ANITA EDELSTEIN  
 3.3 STREET ADDRESS NEWPORT E-80  
 3.4 CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE D  
 NAME SHAR, SHIRLEY  
 STREET ADDRESS NEWPORT E 75  
 CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE D  
 4.2 NAME SHIRLEY SHAR  
 4.3 STREET ADDRESS NEWPORT E-75  
 4.4 CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE T  
 NAME DIAMOND, BERNICE  
 STREET ADDRESS NEWPORT E 86  
 CITY-ST-ZIP DEERFIELD BEACH FL

5.1 TITLE T  
 5.2 NAME BERNICE DIAMOND  
 5.3 STREET ADDRESS NEWPORT E-86  
 5.4 CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE D  
 6.2 NAME SALLIE GERSON  
 6.3 STREET ADDRESS NEWPORT E-84  
 6.4 CITY-ST-ZIP DEERFIELD BEACH, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

429-358

Date Daytime Phone

CR2E037 (1/198)