## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # 738( 1. Entity Name NEWPORT E-Cont	OVISION OF CORPORATIONS				
DOUNOT WRITE IN THIS SPACE UNINGO DEGREE BULLET			02 APR -3 AM 11: 23		
Principal Place of Business     Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number Applied For		
Zip Country-	Zip	Country	5. Certificate of Status	Desired 🗀 💲	Not Applicable  3.75 Additional e Required
0 0 0	7. Name and Address of Current Registered Agent				gent
CONDO OWNERS CROAWIZALLA Name  DO NOT WRITE CENTURY  Street Address (P.O. Box Namiled M. McCollege S. 7.785-7					
3/01 WEST DENG			-04/12/0201058001 **15067.50 *****61.25		
DECEPTED BCG. 1	FL. 37442-8	en an City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FEE IS \$61.25 Initial or Amended UBR 9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	Make Check F Department	-
10. OFFICERS AND DIR	ECTORS	one Sec	·//		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  SECY.  STARK ETHE  NEW ARRY ET S.  DOCERREE S.  NEW ARRY ET S.  DOCERREE S.  NEW ARRY ET S.  N	FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SMBLE JE WORTES	ch. FL.	22E037B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE PRES.  Notchell Roscand  NEWYORT E-  OCERFIELD BCh	erg.	NAME STREET ADDRESS	WPORT E-	Blein Bob. FL	
TITLE  NAME  CHARIOTE  CHARIOTE  HAVE  STREET ADDRESS  NEW POET & 87  CITY-ST-ZIP  DEER F166  ACh	nav FL,	TITLE NAME STREET ADDRESS CITY-ST-ZIP DG	Tehell Los	OT WRIT	E-82
NAME BERNICE DIAM STREET ADDRESS WEWPORT & SC CITY-ST-ZIP OCCRETER BCh	ont, Ch	TITLE  NAME  STREET ADDRESS  CIY-ST-ZIP  CIY-ST-ZIP  CIY-ST-ZIP	enice DIN wrote E	IS SPACE	E .
TITLE D. SAILY GERSON NAME NEWPORT ESY STREET ADDRESS CITY-ST-ZIP DECRETEL RCh	C FR. A.M	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAILY GERS NEWPORT E AARLOTE H	ANZMAN	eridd Adi R
TITLE D. ARTIE ABRA NAME STREET ADDRESS NEW PORT E 79 CITY-ST-ZIP NCCREIBE BELL	FX.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EWPORT E LBA CRU EWPORT MARKELLIA	= 87 06 278 6.0 EL	GRACKI POR
12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director.					

indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07

757-727-36