


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

|  |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
| <b>DOCUMENT # 738664</b>   |                           |  |  |         |  |
| 1. Entity Name<br>NEWPORT "E" CONDOMINIUM ASSOCIATION, INC.  |                           |  |  |  |  |
| Principal Place of Business<br>CONDO OWNERS ORG. OF CENTURY VILLAGE<br>3501 WEST DRIVE<br>DEERFIELD BCH, FL 33442-2085   |                           |  | Mailing Address<br>CONDO OWNERS ORG. OF CENTURY VILLAGE<br>3501 WEST DRIVE<br>DEERFIELD BCH, FL 33442-2085 |  |  |
| 2. Principal Place of Business   |                           | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                           | City & State   |  | 4. FEI Number<br>59-1930609  |  |
| Zip  |                           | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>CONDO OWNERS ORGANIZATION CENTURY VIL,E,IN<br>3501 WEST DRIVE<br>DEERFIELD BEACH, FL 33442-8025   |                           |  | 7. Name and Address of New Registered Agent  |  |  |
| Name   |                           |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |                           |  |  |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>   |                           |  |  |  |  |
| Filing Fee is \$61.25 Due by May 1, 2005   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE  | PD                        | <input checked="" type="checkbox"/> Delete   | TITLE  | PD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | EDELSTEIN, ANITA          |  | NAME   | Catherine Scanlan  |  |
| STREET ADDRESS   | 80 NEWPORT E              |  | STREET ADDRESS   | 73 Newport E   |  |
| CITY-ST-ZIP  | DEERFIELD BEACH, FL 33442 |  | CITY-ST-ZIP  | D. B. H. 33442   |  |
| TITLE  | DV                        | <input checked="" type="checkbox"/> Delete   | TITLE  | VD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | ROSENBERG, MITCHEL        |  | NAME   | Alba Cruz  |  |
| STREET ADDRESS   | 82 NEWPORT E              |  | STREET ADDRESS   | 78 Newport E   |  |
| CITY-ST-ZIP  | DEERFIELD BEACH, FL 33442 |  | CITY-ST-ZIP  | D. B. H. 33442   |  |
| TITLE  | TD                        | <input checked="" type="checkbox"/> Delete   | TITLE  | T  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | SCANLAN, RAYE             |  | NAME   | Jean Gamble  |  |
| STREET ADDRESS   | 73 NEWPORT E              |  | STREET ADDRESS   | 85 Newport E   |  |
| CITY-ST-ZIP  | DEERFIELD BEACH, FL 33442 |  | CITY-ST-ZIP  | D. B. H. 33442   |  |
| TITLE  | SD                        | <input checked="" type="checkbox"/> Delete   | TITLE  | SD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | GAMBLE, JEAN              |  | NAME   | Diane Diamond  |  |
| STREET ADDRESS   | 85 NEWPORT E              |  | STREET ADDRESS   | 86 Newport E   |  |
| CITY-ST-ZIP  | DEERFIELD BEACH, FL 33442 |  | CITY-ST-ZIP  | D. B. H. 33442   |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE  | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | HANZMAN, CHARLOTTE        |  | NAME   | Sally Gerson   |  |
| STREET ADDRESS   | 87 NEWPORT E              |  | STREET ADDRESS   | 84 Newport E   |  |
| CITY-ST-ZIP  | DEERFIELD BCH, FL 33442   |  | CITY-ST-ZIP  | D. B. H. 33442   |  |
| TITLE  | D                         | <input checked="" type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | DIAMOND, BERNICE          |  | NAME   |  |  |
| STREET ADDRESS   | 88 NEWPORT E              |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEERFIELD BEACH, FL 33442 |  | CITY-ST-ZIP  |  |  |
| 12. 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 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment. |                           |  |  |  |  |
| SIGNATURE <i>Catherine Scanlan</i>   |                           |  | Date <i>5/22/2005</i>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR   |                           |  | Date   |  |  |
| CATHERINE SCANLAN  |                           |  | (954) 427-8991   |  |  |

66019011



03162005 Chg-NP CR2E037 (10/03)