

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

**APPROVED
AND
FILED**

95 MAY -1 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001474677
-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. Murtham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # 739045 (3)
1. Corporation Name
NEWPORT "V" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business R. TRINCHITELLA, PRES NEWPORT "V" #324/CVE DEERFIELD BEACH FL 33442	Mailing Address R. TRINCHITELLA, PRES NEWPORT "V" #324/CVE DEERFIELD BEACH FL 33442
---	---

3. Date Incorporated or Qualified 05/05/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1928464	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 CONDOMINIUM OWNERS ORGANIZATION OF CEN.VIL 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		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 _____ DATE _____
Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renaming)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME MOSNY, RUDY	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 319 NEWPORT V	CITY, ST, ZIP DEERFIELD BEACH FL	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE D	NAME RAUSCH, MILLIE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 320 NEWPORT V	CITY, ST, ZIP DEERFIELD BEACH FL	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE DST	NAME TRUBOFF, IRMA	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 328 NEWPORT V	CITY, ST, ZIP DEERFIELD BEACH FL	32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE PD	NAME TRINCHITELLA, ROMEO	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS NEWPORT "V" #324	CITY, ST, ZIP DEERFIELD BEACH FL	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE D	NAME NORDELL, NAT	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 321 NEWPORT V	CITY, ST, ZIP DEERFIELD BEACH FL	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		62 NAME	BP7511
CITY, ST, ZIP		63 STREET ADDRESS	
		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *AL Turner* **AL TURNER, MANAGER FEB 10, 95** **428-0689**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date