

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91877 001 \*\*\*183.75

DOCUMENT # **N02000004803**

1. Entity Name  
**NEWACTS COMMUNITIES OF FLORIDA, INC.**



Principal Place of Business  
**6901 SW 18TH ST., SUITE 301  
BOCA RATON FL 33433**

Mailing Address  
**6901 SW 18TH ST., SUITE 301  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, DANIEL H  
6901 SW 18TH ST., SUITE 301  
BOCA RATON FL 33433**

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 *Daniel H Irwin*  
Signature, typed or printed name of registered agent and title if applicable.

**4/23/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$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          | <b>CD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>GUNN, GEORGE R JR.</b>  |                                 |
| STREET ADDRESS | <b>375 MORRIS RD.</b>      |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA 19486</b> |                                 |
| TITLE          | <b>VCD</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>HEAPS, MARVIN D JR.</b> |                                 |
| STREET ADDRESS | <b>375 MORRIS RD.</b>      |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA 19486</b> |                                 |
| TITLE          | <b>PSD</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>MASHNER, MARVIN</b>     |                                 |
| STREET ADDRESS | <b>375 MORRIS RD.</b>      |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA 19486</b> |                                 |
| TITLE          | <b>TAS</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>GRANT, GERALD T</b>     |                                 |
| STREET ADDRESS | <b>375 MORRIS RD.</b>      |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA 19486</b> |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |   |  |
|----------------|---|--|
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | <b>VCD</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Heaps, Marvin D.</b>                     |  |
| STREET ADDRESS | <b>375 Morris Rd., West Point, PA 19486</b> |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| 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 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 Block 11 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE: *George R. Gunn, Jr.*  
**SIGNATURE REQUIRED**

**4/10/03**

**215-661-8330**

CR2E037 (10/02)