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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40005 (3)
1. Corporation Name
NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 6300 PARK OF COMMERCE BOULEVARD, BOCA RATON FL 33487, US
Mailing Address: 6300 PARK OF COMMERCE BOULEVARD, BOCA RATON FL 33487-8229, US

3. Date Incorporated or Qualified: 09/14/1990
3a. Date of Last Report: 05/20/1996
4. FEI Number: 65-0308459
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

9. Name and Address of Current Registered Agent
SWATT, MYRON I.
6300 PARK OF COMMERCE BOULEVARD
BOCA RATON FL 33487

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, 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] DATE: 4/14/97

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like VENCER, MARTIN; WOLF, MARVIN; FIELDS, NOAH; LAMPERT, IRWIN; MILLER, STANLEY.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: (5/6) 637-3400 DAYTIME PHONE # 0045141

CR2E037 (9/96)