FILE NOW: FILING FEE IS $61.25

FILED
Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N40005

Corporation Name
NEWPORT COVE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business: 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL, 33487

Mailing Address: SAME

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

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number: 65-0308459 — Applied For / Not Applicable
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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500002546385 -06/03/98--01096--012
84 City ***61.25 FL 85 Zip Code

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, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME	TENCER, MARTIN	1.2 NAME	LEWIS, ALLAN
STREET ADDRESS	7709 GREAT GLEN CIRCLE	1.3 STREET ADDRESS	7874 STIRLING BRIDGE SOUTH
CITY-ST-ZIP	DELRAY BEACH, FL, 33446	1.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446
TITLE	TREASURER ☒ DELETE	2.1 TITLE	TREASURER ☐ Change ☑ Addition
NAME	WOLF, MARVIN	2.2 NAME	NARDONE, PHYLLIS
STREET ADDRESS	14190 CASTLE ROCK WAY	2.3 STREET ADDRESS	14090 FAIR ISLE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL, 33446	2.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446
TITLE	VICE-PRESIDENT ☒ DELETE	3.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME	FIELDS, NOAH	3.2 NAME	BRIN, KACIL
STREET ADDRESS	7580 STIRLING BRIDGE BLVD, NORTH	3.3 STREET ADDRESS	7862 STIRLING BRIDGE SOUTH
CITY-ST-ZIP	DELRAY BEACH, FL, 33446	3.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446
TITLE	SECRETARY ☒ DELETE	4.1 TITLE	SECRETARY ☐ Change ☑ Addition
NAME	HILLER, STANLEY	4.2 NAME	SHELDONE, GLORIA
STREET ADDRESS	7842 STIRLING BRIDGE BLVD, NORTH	4.3 STREET ADDRESS	7946 STIRLING BRIDGE SOUTH
CITY-ST-ZIP	DELRAY BEACH, FL, 33446	4.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446
TITLE	☐ DELETE	5.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		5.2 NAME	HELLER HOWARD
STREET ADDRESS		5.3 STREET ADDRESS	7834 STIRLING BRIDGE NORTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446
TITLE	☐ DELETE	6.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		6.2 NAME	MINNER, JOE
STREET ADDRESS		6.3 STREET ADDRESS	7608 STIRLING BRIDGE NORTH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33446

CP2E037 (9/96)

14. I do 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 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: Phyllis Nardone Treas. 5/4/98 561-637-2659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7.1 DIRECTOR ADDITION

7.2 FIELDS NOAH

7.3 7580 ~~SR~~ STIRLING BRIDGE NORTH

7.4 DELRAY BEACH, FL., 33446