

FILE NOW: FILING FEE IS \$61.25

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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 Mailing Address  
**6300 PARK OF COMMERCE BLVD. SAME**  
**BOCA RATON, FL, 33487**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0308459		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		28		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SWATT, MYRON I.</b> <b>6300 PARK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL, 33487</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>500002546385</b> -06/03/98-01006-012			
				84 City		85 Zip Code	
***61.25		FL					

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.

NATURE 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	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TEACER, MARTIN</b>			1.2 NAME	<del>MARTIN</del> <b>LEWIS, ALLAN</b>		
STREET ADDRESS	<b>1709 GREAT GLEN CIRCLE</b>			1.3 STREET ADDRESS	<b>7874 STIRLING BRIDGE SOUTH</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>			1.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WOLF, MARVIN</b>			2.2 NAME	<b>WARDONE, PHYLLIS</b>		
STREET ADDRESS	<b>14190 CASTLE ROCK WAY</b>			2.3 STREET ADDRESS	<b>14090 FAIR ISLE DRIVE</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>			2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		
TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FIELDS, NOAH</b>			3.2 NAME	<b>BRAIN, KACEL</b>		
STREET ADDRESS	<b>7530 STIRLING BRIDGE BLVD. NORTH</b>			3.3 STREET ADDRESS	<b>7862 STIRLING BRIDGE SOUTH</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>			3.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>HELLER, STANLEY</b>			4.2 NAME	<b>SHELDONE, GLORIA</b>		
STREET ADDRESS	<b>7842 STIRLING BRIDGE BLVD. NORTH</b>			4.3 STREET ADDRESS	<b>7746 STIRLING BRIDGE SOUTH</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>			4.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	<b>HELLER HOWARD</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>7834 STIRLING BRIDGE NORTH</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	<b>MINNER, JOE</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>7608 STIRLING BRIDGE NORTH</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL, 33446</b>		

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 Wardone Lewis* 5/4/98 561-537-2659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

9/2/02

- 7.1 DIRECTOR
- 7.2 FRIENDS NOAH
- 7.3 7580 ~~SR~~ STIRLING BRIDGE NORTH
- 7.4 DELRAY BEACH, FL, 33446

ADDITION 