## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 18, 2005 8:00 am **Secretary of State** DOCUMENT # N40005 02-18-2005 90057 014 \*\*\*\*61.25 NEWPORT COVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487 591 BROKEN SOUND PKWY. **40014007** #250 BOCA RATON FL 33487 US \_ \_ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0308459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMMUNITY ASSOCIATION SIC Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PKWY. #250 **BOCA RATON FL 33487** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to-9. Election Campaign Financing \$5:00 May Be Due By May 1, 2005 Trust Fund Contribution, Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Delete TITLE SHELDONE, GLORIA NAME NAME 7946 STIRLING BRIDGE BLVD. S STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition SANDLER, EILEEN NAME 7775 GREAT GLEN CIR. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY ST-ZIP CITY-ST-ZIP VPD THIE ☐ Delete TITLE Addition VON RAPACKI MADDY VONRAPACKI, MADDY NAME NAME 14239 Dunmoor Court 14239 DUNMOON COURT STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-7IP Beach, Ft. 33446 TITLE ☐ Detete TITLE ☐ Change Addition NARDONE, PHYLLIS NAME NAME JIM JOHNSON 14090 FAIR ISLE DR. STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP X/ray

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, or on an attachment with an address, with all other like empowered

FILED

Daytime Phone #