2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 035 ****61.25

DOCUMENT # N40005

1. Entity Name
NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
6300 PARK OF COMMERCE BOULEVARD
BOCA RATON, FL 33487 US

Mailing Address
591 BROKEN SOUND PKWY.
#250
BOCA RATON, FL 33487 US

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0308459 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY ASSOCIATION SIC 951 BROKEN SOUND PKWY. #250 BOCA RATON, FL 33487	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	PD	☑ Delete	TITLE	PD	☐ Change ☑ Addition
NAME	SHELDONE, GLORIA		NAME	FINKELSTEIN, MARTIN L.	
STREET ADDRESS	7946 STIRLING BRIDGE BLVD. S		STREET ADDRESS	7818 STIRLING BRIDGES.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	SD	☐ Delete	TITLE	VPD	☑ Change ☐ Addition
NAME	SANDLER, EILEEN		NAME	SANDLER, EILEEN	
STREET ADDRESS	7775 GREAT GLEN CIR.		STREET ADDRESS	7775 GREAT GLEN CIR	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VPD	☑ Delete	TITLE	TD	☐ Change ☑ Addition
NAME	VONRAPACKI, MADDY		NAME	LEWIS, RUTH	
STREET ADDRESS	14239 DUNN MOOR COURT		STREET ADDRESS	7874 STIRLING BRIDGE S.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	TD	☑ Delete	TITLE	SD	☐ Change ☑ Addition
NAME	NARDONE, PHYLLIS		NAME	MOSHER, BONNIE	
STREET ADDRESS	14090 FAIR ISLE DR.		STREET ADDRESS	7564 STIRLING BRIDGE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, JIM		NAME	EISENFELD, SEYMOUR A	
STREET ADDRESS	14103 SKY TERRACE		STREET ADDRESS	7591 STIRLING BRIDGE BLVD S.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	MCCLUSKY, ANNETTE		NAME	PAYNE, JOYCE	
STREET ADDRESS	14057 GLENYOU COURT		STREET ADDRESS	7905 STIRLING BRIDGE S.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: M. Goodlick — 1/10/2007 — 561 994 1788 x 6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #