

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90200 024 \*\*\*\*61.25

**DOCUMENT # N94000001352**

1. Entity Name

NEWPORT MIAMI BEACH CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

16701 COLLINS AVE.  
MIAMI BEACH, FL 33160

Mailing Address

3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD, FL 33021 US

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0490691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., STE 400  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAM, MARTHA  
STREET ADDRESS 16701 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33160

TITLE VPD  
NAME DEVALUSCK, RAQUEL V  
STREET ADDRESS 16701 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33160

TITLE STD  
NAME NYHUIS, RAY  
STREET ADDRESS 16701 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Martha Sam* Pres 4/28/08 (954) 989-2200