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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739042** (0)

1. Corporation Name

**NEWPORT 'S' CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O BLOCH, HAROLD 1095 NEWPORT S DEERFIELD BEACH FL 33442</b>	Mailing Address <b>C/O BLOCH, HAROLD 1095 NEWPORT S DEERFIELD BEACH FL 33442-2666</b>
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3. Date Incorporated or Qualified <b>05/05/1977</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-1936812</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM OWNERS ORGAZ. CENT. VILLAGE E  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>700002159267--3</b>
84 City	<b>-04/29/97--0109--001</b> <b>**15190.00 **15190.00</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>BLOCH, HAROLD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>ROSE, MILTON</b>	
STREET ADDRESS	<b>1095 NEWPORT S</b>	1.3 STREET ADDRESS <b>1095 NEWPORT S</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP <b>DEERFIELD FL 33442</b>	
TITLE <b>VD</b>	<b>ROGNER, DOROTHY</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>1ST VICE PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>NUDELMAN, MELVIN</b>	
STREET ADDRESS	<b>1095 NEWPORT S</b>	2.3 STREET ADDRESS <b>1095 NEWPORT S</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP <b>DEERFIELD FL 33442</b>	
TITLE <b>D</b>	<b>SEGAL, LAURE MRS.</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>2ND VICE PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>SIEGLE, ROBERT</b>	
STREET ADDRESS	<b>3098 NEWPORT S</b>	3.3 STREET ADDRESS <b>3098 NEWPORT S</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP <b>DEERFIELD FL 33442</b>	
TITLE <b>S</b>	<b>COLE, GWEN</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	<b>4083 NEWPORT S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>DORMAN, MILDRED</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	<b>2098 NEWPORT S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>NUDELMAN, MELVIN</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>NUDELMAN</b>	
STREET ADDRESS	<b>3098 NEWPORT S</b>	6.3 STREET ADDRESS <b>3098 NEWPORT S</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY-ST-ZIP <b>DEERFIELD FL 33442</b>	

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: **MILTON ROSE** 1/14/96 924-0985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042880

CR2E037 (9/96)