FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

FILED Mar 31 1998 8:00am Secretary of State

NEW	port s c	ONDO AS	SOE, INC.		
Principal Place of B	usiness	Mailing Address		-{	
96 M. P	COSE	C/DM. Pros	/	3. Date Incorporated or Qualified	114196
DEFER	FUPPRT S FIELD, FL 33Y Business	DEERFIE	19,52 33Hz	4. FEI Numiller 19-1936812	Applied For Not Applicable
2. Přincipal Place o 21	f Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeon	wners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
	25 Name and Address of Current	29 Registered Apent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
CONDO	OWNERS		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
-4	EST DRIVE CIEUD, FL 334				
•	•	•	84 City	F	85 Zip Code
	provisions of Sections 617.0502 red agent, or both, in the State of iliar with, and accept the obligati			oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	e, typied or printed name of registered agent				
12.	OFFICERS AND	74.1	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	
THLE DE		RECTORDELETE	1.1 TITLE	ADDITIONS/OFFARINGES TO OFFICERS	Change Addition
NAME	ورووس والأوا سرواد	~	1.2 NAME		• —
STREET ADDRESS CITY-ST-ZIP	OSE, MILTON 97 NEW PORTS	DEERFIELD	1 Bb		
	VICE PRES	DELETE	2.1 TITLE		Change Addition
NAME	VICE I MBS	MAN DIKE	2.2 NAME		
	DELMAN, ME		3 STREET ADDRESS		
	90 NEW PORTS	DIFFREIEND	2.4 CITY-ST-ZIP		
NAME PARE	OVICE PRESID	DENT DRECTOR	3 1 TITLE 3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS 5) J	4EL, ROBERT	FL334W	3.3 STREET ADDRESS		
CITY-ST-ZIP 408	Y HENTPORTS I	EERFIELD	3.4. CITY - ST - ZiP		,
TITLE SEC	CRETARY	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
CO	LE GWEN	£1 3016.4	4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	3 ME APOPTE	אר נשונים לים לים	4.3 STREET ADDRESS		
TITLE CTO	3 NEWPORTS, ERGURER 2191AN, MILDRE 8145WPORTS,	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change
NAME 72	246VF-616	<u></u>	5.2 NAME	600002474 -04/01/9801022-	TEE L MOUNTING
STREET ADDRESS DO	2 MAN, MILDRE	P 1433442	5.3 STREET ADDRESS	-04/01/9801022-	-010
CITY-ST-ZIP 309	SNEWPORTS.	DEERFIELD	5.4 CITY-ST-ZIP	***15006.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		PE
STREET ADDRESS			6.3 STREET ADDRESS		PE
CITY-ST-ZIP			6.4 CITY-ST-ZIP		3.31
 I hereby certify the indicated on this: 	at the information supplied with annual report or supplemental a	this filing does not qualify for nnual report is true and accur	the exemption stated in Seate and that my signature	ection 119.07(3)(i), Florida Statutes, I further shall have the same legal effect as if made	certify that the information

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 chapter 6.00 or on an attachment with an address.