

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

DOCUMENT # 739042

1. Corporation Name

NEWPORT "S" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O M. ROSE
1097 NEWPORT S
DEERFIELD BEACH FL 33442

Mailing Address

C/O M. ROSE
1097 NEWPORT S
DEERFIELD BEACH FL 33442



2. Principal Place of Business 3091 NEWPORT S DEERFIELD BEACH, FL 33442

21. Suite, Apt. #, etc.

2a. Mailing Address 3091 NEWPORT S DEERFIELD BEACH, FL 33442

26. Suite, Apt. #, etc.

3. Date Incorporated or Qualified 05/05/1977

4. FEI Number 59-1936812

Applied For
Not Applicable

23. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24. Zip 25. Country

28. Zip 29. Country

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILTON, ROSE
STREET ADDRESS 1097 NEWPORT S
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ DELETE

TITLE 1VPD
NAME NUDELMAN, MELVIN
STREET ADDRESS 2090 NEWPORT S
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DELETE

TITLE 2VPD
NAME SIEGLE, ROBERT
STREET ADDRESS 4084 NEWPORT S
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DELETE

TITLE S
NAME COLE, GWEN
STREET ADDRESS 4083 NEWPORT S
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ DELETE

TITLE T
NAME DORMAN, MILDRED
STREET ADDRESS 2098 NEWPORT S
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ELAINE NUDELMAN ☒ Change ☐ Addition
1.3 STREET ADDRESS 3091 NEWPORT S
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE S
4.2 NAME REBECCA PELLATT ☒ Change ☐ Addition
4.3 STREET ADDRESS 2099 NEWPORT S
4.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELAINE NUDELMAN 1/12/99 426-3655

Date

Daytime Phone #

CR2E037_11/98