

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

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



03142007 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, 2007**

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/01/07-80009-002 61.25

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: *Martha Sam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA SAM

3/19/07

Date

(954) 989-2200

Daytime Phone #