## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739042** 

FILED Feb 17, 2009 Secretary of State

Entity Name: NEWPORT "S" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 **New Mailing Address: Current Mailing Address:** COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 FEI Number: 59-1936812 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM OWNERS ORGAZ. CENT. VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAHILL, CAROL Name: Name: 4094 NEWPORT 'S' Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: VD () Delete Title: () Change () Addition BACHELLOR, ROLAND Name: Name: Address: 1097 NEWPORT 'S' Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ANDRADE, LARRY PICKAR, RITA Name: Name: 4088 NEWPORT 'S' 4098 NEWPORT 'S' Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: Title: (X) Change ( ) Addition ( ) Delete FAUST, TRUDY Name: Name: DORMAN, MILLIE 4082 NEWPORT 'S' 2098 NEWPORT 'S' Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: () Delete Title: () Change () Addition DEMCHAR, JOAN Name: Name: 2095 NEWPORT S Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DORMAN, MILLIE BERKOWITZ, CLAIRE Name: Name: Address: 2098 NEWPORT S Address: 1099 NEWPORT S DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAHILL CAROL PD 02/17/2009