

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739042

Entity Name: NEWPORT "S" CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3086 NEWPORT S
DEERFIELD BEACH, FL 33442**Current Mailing Address:**2400 CENTRE PARK W DRIVE
SUITE 175
WEST PALM BEACH, FL 33409**FEI Number:** 59-1936812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEACREST SERVICES
1083 NEWPORT S
DEERFIELD BEACH, FL 33442 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:** JOE BLEND

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BLEND, JOE
Address 3086 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP
Name BERKOWITZ, CLAIRE
Address 1099 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER
Name LEE, LORRAINE
Address 3086 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title SECRETARY
Name SHER, CHUCK
Address 3081 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name BENITZ, LUIS
Address 2086 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name GILLES, BRETON
Address 2089 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name HONEYCUT, KAREN
Address 3089 NEWPORT S
City-State-Zip: DEERFIELD BEACH FL 33442

I hereby 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 all other like empowered.

SIGNATURE: JOE BLEND

PRESIDENT

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date