

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40005

**Entity Name:** NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE 100  
BOCA RATON, FL 33432**Current Mailing Address:**C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
BOCA RATON, FL 33432 US**FEI Number:** 65-0308459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE CHAPMAN LAW FIRM, PA  
7200 W CAMINO REAL  
STE 102  
BOCA RATON, FL 33433 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:** S. CHAPMAN, ESQ.

03/11/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name VON RAPACKI, MADDY  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE 3100  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name SHELDON, GLORIA A  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
City-State-Zip: BOCA RATON FL 33432

Title TREASURER  
Name PICKERING, NANCY  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY  
Name MORGAN, RUTH  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE 3100  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name SCHROB, DAVID  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name MICHELETTI, BEN  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name BRONSVELD, LESLIE  
Address C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE #100  
City-State-Zip: BOCA RATON FL 33432

*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:** MADDY VON RAPACKI

PRESIDENT

03/11/2014

Electronic Signature of Signing Officer/Director Detail

Date