

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 PH 6:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738660 (0)

1. Corporation Name  
NEWPORT "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
G/O LIENFELD, BILL NEWPORT A/5 C.V.E. DEERFIELD BEACH FL 33442	G/O LIENFELD, BILL NEWPORT A/5 C.V.E. DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 04/13/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1878708	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-8025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOTOWITZ, IDA
STREET ADDRESS	NEWPORT A-8
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	PD
NAME	LIENFELD, BILL
STREET ADDRESS	NEWPORT A-15
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	STEIN, NATHAN
STREET ADDRESS	NEWPORT A-12A
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	S I A
NAME	LACASO, JOSEPH
STREET ADDRESS	NEWPORT A-5
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	T
NAME	FRIEDMAN, DORIS
STREET ADDRESS	NEWPORT A-10
CITY ST ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

87511

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: William Lienfeld Date: Jan. 17, 1995 / 427-7283  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Include 11-digit)  
WILLIAM LIENFELD