

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **C/O LILIENFELD, BILL  
NEWPORT A/5 C.V.E.  
DEERFIELD BEACH FL 33442**

Mailing Address: **C/O LILIENFELD, BILL  
NEWPORT A/5 C.V.E.  
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **04/13/1977**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1878708</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL 33442-8025</b>				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTOWITZ, IDA</b>	1.2 NAME	<b>200001744982</b>
STREET ADDRESS	<b>NEWPORT A-8</b>	1.3 STREET ADDRESS	<b>-03/15/96--01078--020</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LILIENFELD, BILL</b>	2.2 NAME	<b>JOSEPH LA CASCIA</b>
STREET ADDRESS	<b>NEWPORT A-15</b>	2.3 STREET ADDRESS	<b>NEWPORT A 5 DEERFIELD BOH 33442</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR - LILLIAN BLOOM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEIN, NATHAN</b>	3.2 NAME	<b>NEWPORT A 17</b>
STREET ADDRESS	<b>NEWPORT A-12A</b>	3.3 STREET ADDRESS	<b>DEERFIELD BOH FL. 33442</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACASIA, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>NEWPORT A-5</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D JOSEPH EARLUSO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRIEDMAN, DORIS</b>	5.2 NAME	<b>DEERFIELD BOH FL. 33442</b>
STREET ADDRESS	<b>NEWPORT A-10</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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: *Joseph LaCascia* **JOSEPH LACASCIA** Date: **1/1/96** Daytime Phone: **305-428-8583**

CR2E037 (12/95)