FILE NOW:	FILING FEE	IS \$61.25
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NO	NPROFIT A	FLC	DRIDA DEPARTA	MENT OF STATE		
COR	ORPORATION Sandra B. Mo					
	JAL REPORT				1	
	1996	11997		HE CHATIONS		
DOCUI 1. Corporation	MENT # 738666	9 2				
NEWPO	RT "A" CONDOMINIU	M ASSN.,ING	2.			
		-				
Principal Place		Mailing Ad				
	JOE LA CASCIA JOE LA CASCIA NEWPORT "4" #5 NEWPORT "A" #5					
)RT "A" #5					
	CENTURY VILLAGE EAST CENTURY VILLAGE DEERFIELD BCH, FL 33442 DEERFIELD BCH, F.			3. Date Incorporated or Qualified	3a. Date of Last Report	
	IELD BCH, FL 3344			, FL 00442	7/26/77	1995
2. Principa P	lace of Business	2a. Mailing	Address		4. fEl Number 59–1899330	Applied For Not Applicable
21		26			00-100000	\$9.75 Additional
Suite, Apt	#, etc	 -	pt #, etc		5. Certificate of Status Desired	Fee Required
City & Stat	0	27 City & S	State		6. Election Campaign Financing	\$5.00 May Be
23 Cily & Siai	e	28	310110		Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for i	
24	25	29	3	90		Yes XXXNo
	9. Name and Address of Cu	rrent Registered A	gent		10. Name and Address of New Re	gistered Agent
		711D T12G		81 Name		
	O OWNERS ORG. OF C	ING.		82 Street Add	oress (P.O. Box Number is Not Acceptab	ole)
3501	WEST DRIVE	7.4.40 00.00		83		
DEERE	FIELD BEACH, FL 33	844Z=ZU85		63		
				84 City		FL. 85 Zip Code
		0100 017 1500	Flac do Ctabutos	the above named co	rporation submits this statement for the p	purpose of changing its registered
					ation's board of directors. Thereby accept	of the appointment as registered
agent la	am familiar with, and accept the o	bligations of, Sectio	n 617.0503, Flor	ida Statules.		
SIGNATURE	Signature Typed or printed name of registere	ed aggree and total diagonal	le (NOTE	Registered Agent signature req	pired when reinstating)	JAG
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	
THILE	P/D		DELETE	1) TITLE		Change Addition
NAME	LA CASCIA, JOE			. 1.2 NAME		
STREET ADDRESS	NEWPORT "A" #5			13 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, 1	FL 33442		14 CITY ST-ZIP		Change Addition
TITLE	T		[] DELETE	2 1 TITLE		ET CHARGE ET AGORDIE
NAME	CARUSO, JOE			22 NAME		
STREET ADDRESS	NEWPORT "A" #19			2.3 STREFT ADDRESS		
City ST-ZIP	DEERFIELD BCH, I	FL 33442	Lociette	2 4 CHY · SI · ZIP		Change Addition
THILE	S		DELETE	3 1 TITLE 3 2 NAME	<u> </u>	
NAME	NADEL, MAX			3 3 STREET ADDRESS	20000179	97882
STREET ADDRESS	MDWI OILL II WOO	DT 00446		34 CITY-ST-ZIP	-04/29/96010	024001
CITY-ST-ZIP	DEERFIELD BCH.,	_FL 5544Z	DELETE	41 TITLE	***15128.75	Change Addition
NAME	D D D D D D D D D D D D D D D D D D D		_	4 2 NAME		
STREET ADDRESS	BLOOM, LILLIAN			4 3 STREET ADDRESS		
CITY ST-ZIP	NEWFORT H #17			4 4 CITY - ST - ZIP		
TITLE	DEERFIELD BCH,	PL 33442	DELETE	5 1 TITLE		Change Addition
NAME	D VOMOLITMA TOA			52 NAME		
STREET ADDRESS	KOTOWITZ, IDA NEWPORT "A" #8			53 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT "A" #0	DT 22449		5 4 CITY - ST - ZIP		100000
THILE	DEERFIELD BCH;	FU 00440	DELETE	61 FITLE		Change Addition
NAME				6 2 NAME		de CO
1	ŀ			en CIDLET ADDRESS		: = _ ^/

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 Soction 119 07(3)(k). Florida Statutes 1 further certify that the information inflicated 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 other 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 33 manged, or on an attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOE LA CASCIA, President

4/16/96

(954) 428-5583 Daytime Phone #