

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 APR 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 JOE LA CASIA, NEWPORT A/5 C.V.E., DEERFIELD BEACH FL 33442
Mailing Address: C/O JOE LA CASIA, NEWPORT A/5 C.V.E., DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 04/13/1977
3a. Date of Last Report: 03/15/1996
4. FEI Number: 59-1899330
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KOTOWITZ, IDA	1.1 TITLE	
NAME	NEWPORT A-8	1.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD LA CASIA, JOSEPH	2.1 TITLE	
NAME	NEWPORT A-5	2.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BLOOM, LILLIAN	3.1 TITLE	
NAME	NEWPORT A-17	3.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S NADEL, MAX	4.1 TITLE	
NAME	NEWPORT A-20	4.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CARUSO, JOSEPH	5.1 TITLE	
NAME	NEWPORT A-19	5.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100002159551-18
-04/29/97--01109--001
15190.00 ***61.25

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 La Cascia* 4/28/97 Joseph LA CASIA 8583

CR2E037 (9/96)