

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date incorporated or Qualified: 04/13/1977
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, 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, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KOTOWITZ, IDA
STREET ADDRESS	NEWPORT A-8
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LA CASIA, JOSEPH
STREET ADDRESS	NEWPORT A-5
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input type="checkbox"/> DELETE
NAME	BLOOM, LILIAN
STREET ADDRESS	NEWPORT A-17
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	NADEL, MAX
STREET ADDRESS	NEWPORT A-20
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input type="checkbox"/> DELETE
NAME	CARUSO, JOSEPH
STREET ADDRESS	NEWPORT A-19
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	<i>Joseph Caruso</i> <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	4000024747504
5.3 STREET ADDRESS	-04/01/98--01022--010
5.4 CITY-ST-ZIP	***15006.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	954-426-8956
6.3 STREET ADDRESS	PE
6.4 CITY-ST-ZIP	3-31

14. I 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 Caruso* DATE: *June 8 1998*

CR2E037 (10/97)