

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 738660

1. Entity Name

NEWPORT "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1899330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DR** Delete
 NAME: **KUSHNER, BARRY**
 STREET ADDRESS: **NEWPORT A 14**
 CITY-ST-ZIP: **DEERFIELD BEACH FL**

TITLE: Change Addition

TITLE: **PD** Delete
 NAME: **LA CASIA, JOSEPH**
 STREET ADDRESS: **NEWPORT A-5**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition

TITLE: **D** Delete
 NAME: **BLOOM, LILLIAN**
 STREET ADDRESS: **NEWPORT A-17**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition

TITLE: **D** Delete
 NAME: **CARUSO, JOSEPH**
 STREET ADDRESS: **NEWPORT A-19**
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LA CASIA

1-11-00

924-215-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)