

FILED

Jun 02, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738660

1. Entity Name

NEWPORT 'A' CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O JOE LA CASIA
NEWPORT APT C.V.E. A2
DEERFIELD BEACH FL 33442

Mailing Address

C/O JOE LA CASIA
NEWPORT APT C.V.E. A2
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1899330

Applied For

Not Applicable

Zip

Country

Zip

Country

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 PD
NAME LA CASIA, JOSEPH
STREET ADDRESS NEWPORT APT A2
CITY-ST-ZIP DEERFIELD BEACH FL 33442
 Delete Pres.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE P.R.A. GROSSMAN
NAME
STREET ADDRESS NEWPORT A 20
CITY-ST-ZIP DEERFIELD BEACH FL 33442
 Delete Vice-PRES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 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)(I), 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:

JOSEPH LA CASIA

(954) 426-9956
7-15-01

(SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/00)