

# 2002 UNIFORM BUSINESS REPORT (UBR)

0096350

DOCUMENT # 738660

1. Entity Name

NEWPORT "A" CONDOMINIUM ASSOCIATION, INC. ✓

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -3 AM 11:15

Principal Place of Business

Mailing Address

C/O JOE LA CASIA  
NEWPORT A/5 C.V.E. A2  
DEERFIELD BEACH FL 33442

C/O JOE LA CASIA  
NEWPORT A/5 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

Zip

Country

Zip

Country

% IRA GROSSMAN

NEWPORT A-20

DEERFIELD BEACH FL 33442

33442

BROWARD



DO NOT WRITE IN THIS SPACE

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

200005257792--9

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

-04/12/02--01058--001

\*\*15087.50 \*\*\*\*\*61.25

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  Delete  
STREET ADDRESS NEWPORT A 2  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD  
NAME GROSSMAN IRA  Change  Addition  
STREET ADDRESS NEWPORT A 20  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE DD  
NAME BLOOM LILLIAN  Change  Addition  
STREET ADDRESS NEWPORT A-17  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE DT  
NAME CARUSO JOSEPH  Change  Addition  
STREET ADDRESS NEWPORT A-19  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VP  
NAME GROSSMAN, IRA  Delete  
STREET ADDRESS NEWPORT A 20  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VP  
NAME LA CASIA JOSEPH  Change  Addition  
STREET ADDRESS NEWPORT A 2  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE REQUIRED IRA GROSSMAN

1/7/02

429-9239

Date Daytime Phone #

CR2E037 (9/01)