


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66413134

DOCUMENT # 738660 1. Entity Name NEWPORT "A" CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O CONDOMINIUM OWNERS ORGANIZATION 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	Mailing Address C/O CONDOMINIUM OWNERS ORGANIZATION 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1899330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD GROSSMAN, IRA NEWPORT A 20 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
NAME	GROSSMAN, MICHELLE <input type="checkbox"/> Delete
STREET ADDRESS	NEWPORT A 20
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	TD GROSSMAN, MICHELLE <input type="checkbox"/> Delete
NAME	GROSSMAN, MICHELLE <input type="checkbox"/> Delete
STREET ADDRESS	NEWPORT A 20
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	SD BLOOM, LILLIAN <input type="checkbox"/> Delete
NAME	BLOOM, LILLIAN <input type="checkbox"/> Delete
STREET ADDRESS	NEWPORT A-17
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	V LA GASCIA, JOE <input type="checkbox"/> Delete
NAME	LA GASCIA, JOE <input type="checkbox"/> Delete
STREET ADDRESS	NEWPORT A 2
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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IRA/27

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: IRA GROSSMAN **IRA GROSSMAN** 2/3-04 954429 9239

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #