


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90101 001 15,496.25

<b>DOCUMENT # 738660</b>					
1. Entity Name NEWPORT "A" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CONDOMINIUM OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address C/O CONDOMINIUM OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1899330	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, IRA		NAME		
STREET ADDRESS	NEWPORT A 20		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, MICHELLE		NAME		
STREET ADDRESS	NEWPORT A 20		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACASELO, JOSEPH		NAME		
STREET ADDRESS	2 NEWPORT A		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>IRA GROSSMAN</u>		IRA GROSSMAN 4/10/08 (954) 429-9239			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			