


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 JUN -5 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738660**
1. Entity Name
NEWPORT "A" CONDOMINIUM ASSOC INC



DO NOT WRITE IN THIS SPACE

2. Mailing Address
**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■
3501 West Drive
Deerfield Bch., FL 33442-2085**

04/18/03-90478 001 \$61.25

4. FEI Number
59-1899330

Applied For
 Not Applicable

3. County
33442 BROWARD 33442 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■
3501 West Drive
Deerfield Bch., FL 33442-2085**

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 **Jack Miller Pres JACK MILLER** DATE **5/6/03**

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

FEE: IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIR. IRA GROSSMAN 20 NEWPORT A DEERFIELD BEACH, FLA 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOE LA GASCIA 2 NEWPORT A DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / D MICHELLE GROSSMAN 20 NEWPORT A DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIR. LILIAH BLOOM 17 NEWPORT A DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jack Miller** Date **2/10-03** Daytime Phone **954 429 9239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)