2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 25, 2005 8:00 am Secretary of State

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DOCUMENT # 738662 1. Entity Name NEWPORT "C" CONDOMINIUM ASSOCIATION, INC.									•	15,373.75
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085 Mailing Address CONDO OWNERS ORG. OF C 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-3085					AGE E	_	 		En eigh eigh each	DITINDA OL VARI
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01202005	Chg-NP	CR2	2E037 (10/03)
City & State		City & State				4. FEI Number 59-1930				Applied For Not Applicable
Zip	Country Zip Co		untry		5. Certificate o	Status Desire	ed 🗋	\$8.75 / Fee Requ	Additional	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of Ne	w Register	red Agent	
				Name						
CONDO OWNERS ORGANIZATION CENTURY VILL E. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				Street A	ddress (F	is (P.O. Box Number is Not Acceptable)				
DELINI IEE	D BEACH, 1 E 35442-2005									
				City					FL Zip C	ode
	named entity submits this statement to tions of registered agent.	r the purpose of changin	g its register	ed office or	register	ed agent, or both	, in the State o	of Florida. I	am lamiliar w	th, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tide 4 applicable	(NOTE, Registere	id Agent signak	ne récimed	when revisiating)		CA CA	NIE	·
Filing Fee is \$61.25 Due by May 1, 2005										
			Campaign F nd Contribut		0	\$5.00 May Be Added to Fees			heck payable partment of	
10.		Trust Fu			<u> </u>			Florida De	epartment of	State
10. HILE	Due by May 1, 2005	Trust Fu	nd Contribut	ion.	<u> </u>	Added to Fees	NGES 10 OFF	Florida De	partment of DIRECTORS	State IN 10
	Due by May 1, 2005 OFFICERS AND DI	Trust Fo	nd Contribut	ion.	D KASE	Added to Fees DDITIONS/CHA	NGES 10 OFF	Florida De	epartment of	State IN 10
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12. Thereby certify that the information supplied with this filing does not quality 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 oallit, 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: Fau

Faul Adended Prontout

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-10-05

9545749992

Daytime Phone #

PAUL SCHENDEL