

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738663

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEWPORT "D" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CONDO OWNERS ORG. OF CENTURY VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Principal Place of Business:

Current Mailing Address:

CONDO OWNERS ORG. OF CENTURY VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Mailing Address:

FEI Number: 59-1888438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM OWNERS ORGANIZATION CVE,
3501 WEST DRIVE
DEERFIELD BEACH, FL 334428025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: AVITAL, VICTOR
Address: 69 NEWPORT D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD () Delete
Name: MATTY, MICHAEL
Address: 63 NEWPORT D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD () Delete
Name: LOZANO, ORLANDO
Address: NEWPORT D 60
City-St-Zip: DEERFIELD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOZANO, ORLANDO
Address: 60 NEWPORT D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD (X) Change () Addition
Name: KOSER, FLORENCE
Address: 57 NEWPORT D
City-St-Zip: DEERFIELD, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR AVITAL

PSD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date