

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-27-2007 90235 001 15,496.25

DOCUMENT # 739032 1. Entity Name NEWPORT "H" 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03042007 Chg-NP CR2E037 (12/06)	
City & State Zip		City & State Zip		4. FEI Number 59-1929871 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085	
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 fee if applicable (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTH, ARLENE 3028 NEWPORT H DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELLE LOBOND 2034 Newport 'H' D.B.H 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEYER, LEON 4027 NEWPORT H DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIRE ESKIND 3038 Newport 'H' D.B.H 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSEN BLUM, HYMAN 2038 NEWPORT H DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE Mello 4035 Newport 'H' D.B.H 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SABELS, ESTELLE 1024 NEWPORT H DEERFIELD BEACH, FL 33442	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pauline KALINOWSKY 1022 Newport 'H' D.B.H 33442	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMFORTO, ANTHONY 4037 NEWPORT H DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE PRATT 1030 Newport 'H' D.B.H 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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>Arlene Roth</u> ARLENE ROTH <u>4/15/07</u> (954) 422-9954 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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