

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 739034</b><br>1. Entity Name<br><b>NEWPORT "J" CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |
| Principal Place of Business<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                                     |         | Mailing Address<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>                                               |                                                                                                                                    |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | 3. Mailing Address                                                                  |         |                                                                                                                                                                       |                                                                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | Suite, Apt. #, etc.                                                                 |         |                                                                                                                                                                       |                                                                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | City & State                                                                        |         |                                                                                                                                                                       |                                                                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                  | Zip                                                                                 | Country |                                                                                                                                                                       |                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>CONDOMINIUM OWNERS ORGANIZATION OF CVE INC<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                     |         | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>(Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |         | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                |                                                                                                                                    |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                     |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                 |                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>NEILAND, JAMES <input type="checkbox"/> Delete<br>NEWPORT J 154<br>DEERFIELD BEACH, FL 33442        |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | S<br>Joan Littlejohn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>148 Newport J<br>D.B. 7133442 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DV<br>WEINGARDEN, SIDNEY <input type="checkbox"/> Delete<br>NEWPORT J 151<br>DEERFIELD BEACH, FL 33442   |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>MURPHY, BARBARA <input type="checkbox"/> Delete<br>NEWPORT "J" 150<br>DEERFIELD, FL                |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T<br>DELLINGER, BILL <input type="checkbox"/> Delete<br>410 S POWERLINE RD<br>DEERFIELD BEACH, FL 33442  |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S<br>FOSTER, BRENDA <input checked="" type="checkbox"/> Delete<br>3501 W DR<br>DEERFIELD BEACH, FL 33442 |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                          |                                                                                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered. |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |
| SIGNATURE: <u>Barbara Murphy</u> <b>BARBARA MURPHY</b> 4/1/06 (954) 427-4657                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                     |         |                                                                                                                                                                       |                                                                                                                                    |