

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 739035

1. Entity Name
NEWPORT "K" CONDOMINIUM ASSOCIATION, INC.



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 CENTURY VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085**

00011000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1877002

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDO OWNERS ORGANIZATION OF CENTURY
VILLAGE EAST
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-8025**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE:

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME STREGER, MORTON
STREET ADDRESS 181 NEWPORT K
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D ☐ Change ☒ Addition
NAME MARK CUMMINGS
STREET ADDRESS 179 Newport 'K'
CITY-ST-ZIP D.B. H 33442

TITLE VD ☐ Delete
NAME CONDELARIA, CHARLES
STREET ADDRESS 174 NEWPORT D
CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE D ☐ Change ☒ Addition
NAME JOAN BERTA
STREET ADDRESS 172 Newport 'K'
CITY-ST-ZIP D.B. H 33442

TITLE TS ☐ Delete
NAME DELLINGER, BILL
STREET ADDRESS 410 S. POWERLINE ROAD
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D ☐ Change ☒ Addition
NAME Cedward Williams
STREET ADDRESS 173 Newport 'K'
CITY-ST-ZIP D.B. H 33442

TITLE D ☒ Delete
NAME BATES, SANDY
STREET ADDRESS 177 NEWPORT "K"
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTON STREGER

4/10/08

(954) 421-4987

Date

Daytime Phone #