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

DOCUMENT # 739038

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

Principal Place of Business	Mailing Address
CONDO OWNERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	CONDO OWNERS ORG OF CNTRY VILL E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085

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02002000 Chg-NP CR2E037 (11/05)

2. Principal Place of Business — Suite, Apt. # etc. — City & State — Zip — County

3. Mailing Address — Suite, Apt. # etc. — City & State — Zip — County

4. FEI Number: 59-1929931

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CONDO OWNERS ORG CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BCH, FL 33442-2085

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box address 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 reinstated) DATE

Filing Fee is $61.25 Due by May 1, 2006

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	D BUTLER, GRACE 241 NEWPORT O DEERFIELD BEACH, FL	☐ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	LEONORE MARINOFF 235 NEWPORT O Deerfield Beach, FL 33442 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMMS, SHEILA 245 NEWPORT O.CENTY VILL DEERFIELD BEACH, FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GRACE BUTLER 241 NEWPORT O D.B. FL. 33442 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEARLMAN, TED 239 NEWPORT RD DEERFIELD BEACH, FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTELL, NATALIE 234 NEWPORT O.C.VILLAGE DEERFIELD BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASTAGLIOLA(COSTA), ANN 236 NEWPORT O CENT. VILL. DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Sheila Simms 4/1/06 (954) 421-7445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHEILA SIMMS