2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 739038

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

Current Principal Place of Business:

CONDO OWNERS ORG OF CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Principal Place of Business:

Current Mailing Address:

CONDO OWNERS ORG OF CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Mailing Address:

FEI Number: 59-1929931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDO OWNERS ORG CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BCH, FL 334422085 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:	SD	( ) Delete
Name:	GRACHETTI, MARYANN	
Address:	232 NEWPORT 'O'	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	PD	( ) Delete
Name:	SIMMS, SHEILA	
Address:	245 NEWPORT O.CENTY.VILL	
City-St-Zip:	DEERFIELD BEACH, FL	
Title:	TD	( ) Delete
Name:	CASTAGLIOLA(COSTA), ANN	
Address:	236 NEWPORT O CENT. VILL.	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	VD	( ) Delete
Name:	MARINOFF, LEONORE	
Address:	2365 NEWPORT O	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	PETERS, DAVID	
Address:	243 NEWPORT O CENT. VILL.	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	VD	(X) Change ( ) Addition
Name:	MARINOFF, LEONORE	
Address:	235 NEWPORT O	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Change (X) Addition
Name:	BUTLER, GRACE	
Address:	241 NEWPORT O	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

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: SHEILA SIMMS P 03/11/2009

Electronic Signature of Signing Officer or Director — Date