

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

0044918

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 739043

1. Corporation Name

NEWPORT "T" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

NEWPORT "T" #299/CVE
 DEERFIELD BEACH FL 33442

Mailing Address

NEWPORT "T" #299/CVE
 DEERFIELD BEACH FL 33442



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 NEWPORT "T" #310/CVE	26 NEWPORT "T" #310/CVE	05/05/1977
22 Suite, Apt. #, etc. # 310	27 Suite, Apt. #, etc. # 310	4. FEI Number 59-1907301
23 City & State DEERFIELD BCH, FL	28 City & State DEERFIELD BCH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33442	25 Country BROWARD	29 Zip 33442
30 Country BROWARD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, FRANK	1.2 NAME	PETER VLISMAS
STREET ADDRESS	NEWPORT T 299 CVE	1.3 STREET ADDRESS	NEWPORT T 310 CVE
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, MILDRED	2.2 NAME	V.P. - T.D. AMELIA DRANDFSKY
STREET ADDRESS	NEWPORT T 300 CVE	2.3 STREET ADDRESS	NEWPORT T 304 CVE
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLISMAS, PETER	3.2 NAME	Florence RAINES
STREET ADDRESS	NEWPORT T 310 CVE	3.3 STREET ADDRESS	NEWPORT T 292
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Deerfield Beach FL
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLINGER, BILL	4.2 NAME	
STREET ADDRESS	410 S. POWERLINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, SAM	5.2 NAME	
STREET ADDRESS	NEWPORT T 296 CVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEMAN, FRANCES	6.2 NAME	
STREET ADDRESS	NEWPORT 298	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** VLISMAS **SAW 11, 1999** **698-6143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)