

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739045

1. Entity Name

NEWPORT "V" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 11:44

Principal Place of Business

Mailing Address

R. TRINCHITELLA, PRES
NEWPORT "V" #324/CVE
DEERFIELD BEACH FL 33442

R. TRINCHITELLA, PRES
NEWPORT "V" #324/CVE
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1928464

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME TRUBOFF, IRMA
STREET ADDRESS 328 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD ☐ Change ☒ Addition
NAME CHESTER, JEFFREY
STREET ADDRESS 329 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

TITLE PD ☐ Delete
NAME TRINCHITELLA, ROMEO
STREET ADDRESS NEWPORT "V" #324
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition
NAME 200005257742-4
STREET ADDRESS -04/12/02--01058--001
CITY-ST-ZIP **15067.50 *****61.25

TITLE T ☐ Delete
NAME DELLINGER, BILL
STREET ADDRESS 313 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DAQUINO, THERESA
STREET ADDRESS 331 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PARNES, BARBARA
STREET ADDRESS 325 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME MOZNY, RUDY
STREET ADDRESS 319 NEWPORT V
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

12. 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROMEO TRINCHITELLA 1/21/02 (954)427-1688

Date

Daytime Phone #

CR2E037 (9/01)