

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740976

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NEWPORTER MAINTENANCE CORPORATION, INC.

**Current Principal Place of Business:**

5539 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1175  
NEW PORT RICHEY, FL 346561175

**New Mailing Address:**

P.O. BOX 1175  
NEW PORT RICHEY, FL 34656

**FEI Number:** 59-2246808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYANT, CHRISTOPHER  
6806 CECELIA DR.  
NEW PORT RICHEY, FL 346561175 US

**Name and Address of New Registered Agent:**

ANTHONY, CHARLES R  
6806 CECELIA DRIVE  
NEW PORT RICHEY, FL 34653 US

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: DR. CHARLES ANTHONY

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: COTRONEO, VINCENT G  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.  
Name: RONA, GABOR A  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.  
Name: KAHEN, HOWARD L  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.  
Name: NYMAN, WILLIAM L  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.  
Name: JOHNSTON, STEPHEN D  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.  
Name: KAPLAN, TODD M  
Address: 6806 CECELIA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: CHARLES ANTHONY

DR.

02/17/2011

Electronic Signature of Signing Officer or Director

Date