
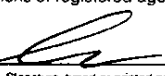
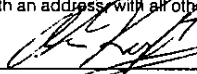


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 761494 1. Entity Name LAKE OF NEWPORT CONDOMINIUM XI ASSOCIATION, INC			
Principal Place of Business 3475 NORTH HIATUS ROAD SUNRISE, FL 33351		Mailing Address 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	
2. Principal Place of Business 7340-7340-7380 NW 1st STR		3. Mailing Address P.O. BOX 15036	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plantation, Florida		City & State Plantation, Florida	
Zip 33317		Zip 33318	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent A & M PARTNERS, INC. 3475 NORTH HIATUS ROAD SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Straley + Otto, P.A. Street Address (P.O. Box Number is Not Acceptable) 3490 Sheridan Street Suite 109 City Hollywood FL Zip Code 33021	
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  Charles Otto, Esq. for Straley + Otto, P.A. 10/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GOODMAN, ALAN 3475 NORT HIATUS ROAD SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE	PD KNIGHT, ALAN P.O. Box 15036 Plantation, FL 33318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD ZANTA, MICHELE 3475 NORT HIATUS ROAD SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE	VPD Zanta, michele P.O. Box 15036 Plantation, FL 33318 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST JOY, MARJOR 3475 NORTH HIATUS ROAD SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE	SD Joy, marjorie P.O. Box 15036 Plantation, FL 33318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	TD Plourde, Marilyn P.O. Box 15036 Plantation, FL 33318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  Alan Knight, President 10/10/06		954/709-2526	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 8:40



10032006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2429761 Applied For Not Applicable

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

Amended AR is \$81.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, ALAN	
STREET ADDRESS	3475 NORT HIATUS ROAD	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZANTA, MICHELE	
STREET ADDRESS	3475 NORT HIATUS ROAD	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOY, MARJOR	
STREET ADDRESS	3475 NORTH HIATUS ROAD	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, ALAN	
STREET ADDRESS	P.O. Box 15036	
CITY-ST-ZIP	Plantation, FL 33318	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zanta, michele	
STREET ADDRESS	P.O. Box 15036	
CITY-ST-ZIP	Plantation, FL 33318	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joy, marjorie	
STREET ADDRESS	P.O. Box 15036	
CITY-ST-ZIP	Plantation, FL 33318	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Plourde, Marilyn	
STREET ADDRESS	P.O. Box 15036	
CITY-ST-ZIP	Plantation, FL 33318	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200080933522
10/13/06--01059--001 **\$1.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #