

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 761494

1. Entity Name
LAKE OF NEWPORT CONDOMINIUM XI ASSOCIATION, INC



Principal Place of Business
**7300-7340-7380 N.W. 1ST STREET
PLANTATION, FL 33317**

Mailing Address
**P.O. BOX 15036
PLANTATION, FL 33318**



03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2429761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNIGHT, ALAN P.O. BOX 15036 PLANTATION, FL 33318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ZANTA, MICHELE P.O. BOX 15036 PLANTATION, FL 33318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOY, MARJORIE P.O. BOX 15036 PLANTATION, FL 33318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PLOURDE, MARILYN P.O. BOX 15036 PLANTATION, FL 33318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLOURDE, EDWIN PO BOX 15036 PLANTATION, FL 33318
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000881725
04/16/08-80011-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Marilyn A. Plourde **Marilyn Plourde, Treasurer** 4/1/08 (954) 252-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #