


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90349 015 ****61.25

DOCUMENT # N03000005802 1. Entity Name NEWPORT COMMUNITY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021	Mailing Address 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0992099	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORNFELD, ROBERT 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CORNFEDL, ROBERT M 3850 HOLLYWOOD BLVD. #400 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CORNFELD, JEFFREY D. 3850 HOLLYWOOD BLVD., # 400 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Robert M Cornfeld	Date 4/26/06	Daytime Phone # (954) 989-2200
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