

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010368

FILED
Apr 20, 2010
Secretary of State

Entity Name: NEWPORT ISLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1856 SW NEWPORT ISLES BLVD.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1856 SW NEWPORT ISLES BLVD.
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 43-2066744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE
SUITE 9
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GARRETT, SHAWN
Address: 1856 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP
Name: PASSARELLI, JOSEPH
Address: 1856 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: S
Name: JOIE, MICHAEL
Address: 1856 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: T
Name: ASAR, MURAT
Address: 1856 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D
Name: GRANDEZ, OLIVER
Address: 1856 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: SHAWN GARRETT

P

04/20/2010

Electronic Signature of Signing Officer or Director

Date