

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001961

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** NEWPORT CENTER PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 20-9683675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTTERS, MALCOLM  
6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073 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: PD  
Name: BUTTERS, MALCOLM  
Address: 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100  
City-St-Zip: COCONUT CREEK, FL 33073

Title: STD  
Name: MCDONALD, CRAIG  
Address: 1239 E. NEWPORT CENTER DR #112  
City-St-Zip: DEERFIELD BEACH, FL 334422

Title: V  
Name: LAPIDUS, JEFF  
Address: 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100  
City-St-Zip: COCONUT CREEK, FL 33073

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: M BUTTERS

PD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date