

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999

DOCUMENT # N14624

1. Corporation Name

NEWTON PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1205 NEWTON ST. #2 KEY WEST FL 33040 1205 NEWTON ST. #2 KEY WEST FL 33040

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90037 034 \*\*\*\*61.25

Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	2. Principal P	lace of Business	2a. Mai	iling Address				3. Date Incorporated					
Section   Sect	21		26				. \						
City & State    City & State	Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.		_				<u> </u>			
28   29   20   29   30   5. Certificate of Status Desired   Fee Required   Fee Required   29   29   30   5. Certificate of Status Desired   Fee Required   Fee Required   5.5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status   5. Certificate of Status Desired   5.00 May Be Added to Fee Status D	22		27					59-0784478		Not	Applicable		
The provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of horizong is registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong is registered agent, and the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state of Florida Statutes, the above-named corporation submits this statement for the purpose of horizong its registered agent, and state agent, and state agent, and state agent, and state agent, and an agent	City & State	e	City	& State			I	5 Cartifoote of Statu	e Desired				
B. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes. The above-name corporation submits this statement for the purpose of changing its registered Agent agent. In an amiliar with, and accept the obligations of, Section 617,0502 and 617,1508. Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida. Such change was authorited by the corporation's board of directors. I hereby accept the purpose of changing its registered agent, are both, in the State of Florida. Such change was authorited by the corporation's board of directors. I hereby accept the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,6503. Florida Statutes.  SIGNATURE  Signature, Speak a primed name of registered agent and title 1 applicable of primed values agent agents agents registered agent. I am familiar with, and accept the obligations of, Section 617,6503. Florida Statutes.  OFFICERS AND DIRECTORS  SIGNATURE  PD. OFFICERS AND DIRECTORS  13 TIME  PD. OFFICERS AND DIRECTORS  13 TIME  PD. OFFICERS AND DIRECTORS  13 STREET ADDRESS  COTY 51.2P  LEVEL T. PL. 33040  Change Addition  MAC SIGNATURE  Change Addition  TIME  DELETE  4 TIME  13 TIME DIRECTORS  13 TIME T. ADDITIONS/CHANGES OF OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Total Fund Control Agent	23		28	_				o. Certificate of State		Fee Red	quired		
98. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  LANE, STACY 1205 NEWTON ST APT#2  KEY WEST FL 33040  12. Street Address (P.O. Box Number is Not Acceptable)  13. Address (P.O. Box Number is Not Acceptable)  14. City  15. Pursuant to the provisions of Sections 617 0502 and 617 1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered different or registering of the colligations of Section 617 5003, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered different registering of the colligations of Section 617 5003, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered different registering of the colligations of Section 617 5003, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered different registering of the corporations submits this statement for the purpose of changing its registered different registering its registered registering its registering its registered registering its registering its registering its registering its registered registering its registering it	Zip	Country	Zip		Country			6. Election Campaig	n Financing 👝	\$5.00	May Be		
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   11. Name   12. Street Address (P.O. Box Number is Not Acceptable)   12. Street Address (P.O. Box Number is Not Acceptable)   13. Name   14. City   14. City   15. City	24	25	29	30				Trust Fund Contri	bution	Added to	Fees		
LANE, STACY 1205 NEWTON ST APT#2 KEY WEST FL 33040  11. Pursuant to the provisions of Sections 517,0502 and 517,1508, Florida Statutions, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutions, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutions, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statution.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  SELER, CARL  13. STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change   Addition   Add		9. Name and Address of Current	Registered	d Agent			1	10. Name and Addre	ss of New Registe	ered Agent			
11. Pursuant to the provisions of Sections 617.0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  PD OBLETE  11. TITLE  12. SELLER, CARL  13. STREET ADDRESS  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32954  15. STREET ADDRESS  16. CITY-ST-2P  MERRITT ISLAND FL 32954  16. Change  Addition  A		. •			81	Name					-		
11. Pursuant to the provisions of Sections 617.0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  PD OBLETE  11. TITLE  12. SELLER, CARL  13. STREET ADDRESS  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32952  14. CITY-ST-2P  MERRITT ISLAND FL 32954  15. STREET ADDRESS  16. CITY-ST-2P  MERRITT ISLAND FL 32954  16. Change  Addition  A	I ANE ST	rc∧			92	RR Chart Address (B.O. Rev Number is Not Assentable)							
Same					62	5110017	Audiess	S (F.O. DOX NUMBER IS	140t Acceptable)		1		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.4509, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  NAME  14. CITY-ST-2P  NAME  14. CITY-ST-2P  NAME  12. NAME  13. STREET ADDRESS  14. CITY-ST-2P  NAME  14. CITY-ST-2P  NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  NAME  14. CITY-ST-2P  NAME  14. CITY-ST-2P  NAME  15. NAME  16. CITY-ST-2P  NAME  16. CITY-ST-2P  NAME  17. Change  18. CITY-ST-2P  NAME  18. CITY-ST-2P  NAME  19. Change  19. Addition  19. C					83				W. L				
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statutes.  SIGNATURE  12.	VET MES	I FL 33040									<del></del>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statutes agent, and minimal with, in the State of Florida. Statutes agent is minimal with, and accept the obligations of, Section 917.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name or registered agent and title if applicable.  SIGNATURE  Signature, typed or printed name or registered agent and title if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  SELER, CARL  12 YANAE  13. STREET ADDRESS  14. CITY-ST-2P  NECHTIT ISLAND FL 32952  14. CITY-ST-2P  MERRITI ISLAND FL 32952  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19.					84	City				FL 85 Zip C	ode		
office or registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. Thereby screen it explaints agent and man and accept the obligations of Section 617:0503, Flonds Statutes.    Signature   Signatu	11. Durant to the equisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-pared comporation submits this statement for the purpose of changing its registered												
SIGNATURE   Signature, typed or printed name of registered agent and the 1' applicable.   (NOTE: Registered Agent signature required when remistative)	office or n	egistered agent, or both, in the State o	of Florida. S	uch change was auth	onzed by	the corpo	oration's	s board of directors. I i	hereby accept the a	appointment as reg	istered		
Signature, typed or printed rampe of registered agent and title if applicable   NOTE Registered Agent agenture required when inventibility	agent. i a	m familiar with, and accept the obligation	ions or, sec	aum 017.0303, Florida	o Statutes.	•				¥			
TITLE PD STREET ADDRESS OF PECK COURT	SIGNATURE	Signature, byted or printed name of registered agent	and title if appli	cable (NOTE: Re	gistered Agen	t signature re	equired wh	nen reinstating)	DAI	ré			
TITLE	12.								GES TO OFFICER	S AND DIRECTOR	RS IN 12		
NAME   SEILER, CARL   12 NAME   13 STREET ADDRESS   SEPCK COURT   13 STREET ADDRESS   1205   NEWTON ST, #			2		1.1 TITLE					Change	Addition		
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TTLE	-					TAINNDESS	120	5 NEWTON	ST.		ľ		
TTLE							KE	Y WEST A	cu ^ 3300	40			
LANE, STACEY   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP   TITLE   Change   Addition   Additio			_	□ DELETE		1-ZIP		, , , ,		☐ Change	Addition		
STREET ADDRESS   1205 NEWTON ST., #2   23 STREET ADDRESS				DEEE / E							_		
CITY-ST-ZIP KEY WEST FL 33040  VPD											{		
TITLE VPD SORENSON, SERENA 3.1 TITLE 3.2 TRENE HINDEN Change Addition SORENSON, SERENA 3.2 NAME 82.4 GEORGIA ST.  STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS		<del>_</del>										
NAME  NAME  SORENSON, SERENA  \$32 NAME  \$33 STREET ADDRESS  KEY WEST, FL 33040  Change Addition  Change Addition  Addition  Addition  Change Addition			_	DO DELETE		T-ZIP	-T D	ELE HAD		CA Change	☐ Addition		
STREET ADDRESS   1203 NEWTON ST, APT. 2	TITLE	· · · <del>-</del> · · .		ON DECEIE						Containing			
STREET ADDRESS   STRE	NAME			•		ļ					ļ		
STREET ADDRESS   STRE	STREET ADDRESS				3.3 STREET	ADDRESS	KEY	1 WEST, FL	. 33040	•			
NAME  NAME  STREET ADDRESS  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  6.1 TITLE  Change Addition	CITY-ST-ZIP	KEY WEST FL 33040			3.4. CITY-S	T-ZIP					CT Addition		
A 3 STREET ADDRESS   A 3 STREET ADDRESS   A 4 CITY- ST-ZIP	TITLE			☐ DELETE	4.1 TITLE			1		Unange	☐ WOOKOOK		
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5.3 STREET ADDRESS				, DELETE	5.1 TITLE			i		Change	☐ Addition		
5.4 CITY-ST-ZIP     5.4 CITY-ST-ZIP     Change   Addition	NAME	4			5.2 NAME								
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         G.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS	STREET ADDRESS				5.3 STREET	ADORESS					}		
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CACTO CT 7ID					6.3 STREET	TADORESS					}		
	CITY-ST-ZIP	Ì			6.4 CITY-ST	T-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(305) 292 - 931 Daytime Phone # CR2E037 (11/9