


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90150 025 ****61.25

DOCUMENT # N14624			
1. Entity Name NEWTON PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business 1205 NEWTON ST. #2 KEY WEST FL 33040		Mailing Address 1205 NEWTON ST. #2 KEY WEST FL 33040	
2. Principal Place of Business 1205 NEWTON ST.		3. Mailing Address 905 TRUMAN AVENUE	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040	Country USA	Zip 33040	Country USA
4. FEI Number 59-0784478		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, STACEY 1205 NEWTON ST APT #2 KEY WEST FL 33040		7. Name and Address of New Registered Agent ROBERT J. SNOWDEN, MANAGING AGENT 905 TRUMAN AVENUE KEY WEST FL 33040	
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 <i>Robert J. Snowden</i> Signature, typed or printed name of registered agent and title if applicable.		MANAGING AGENT (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORN, GEORGE 1205 NEWTON ST #3 KEY WEST FL 33040 <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANE, STACEY 1205 NEWTON ST., #2 KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HINDEN, IRENE 824 GEORGIA ST KEY WEST FL 33040 <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SORENSEN, SELENA 1203 NEWTON ST #2 KEY WEST, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>George W. Born</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/10/03 305-292-6718 Date Daytime Phone #	

CR2E037 (10/02)