


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90310 016 ****61.25

DOCUMENT # N22070		
1. Entity Name NEWPORT CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 175 KINGS HIGHWAY PORT CHARLOTTE, FL 33983 US	Mailing Address P.O. BOX 380571 MURDOCK, FL 33938 US
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20039068



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2836488	Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
WISHARD, KRISTINE 23081 HARBORVIEW RD CHARLOTTE HARBOR, FL 33980		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CYR, DONALD			NAME			
STREET ADDRESS	175 KINGS HWY 334			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SICARD, PHILIP			NAME			
STREET ADDRESS	175 KINGS HWY 5C1			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERMAN, MAURICIA			NAME	Cully, Jim		
STREET ADDRESS	175 KINGS HWY 4C5			STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP	Murdoch, FL 33938		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKIERNAN, JOHN			NAME			
STREET ADDRESS	175 KINGS HIGHWAY #5A2			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DONALD			NAME			
STREET ADDRESS	175 KINGS HWY 7A6			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTLETT, BOB			NAME			
STREET ADDRESS	PO BOX 380758			STREET ADDRESS			
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP			

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:  **4/12/05** **941-629-8190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #