2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N22070

Entity Name: NEWPORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

175 KINGS HIGHWAY
PORT CHARLOTTE, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380571
MURDOCK, FL 33938 US

New Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938 US

FEI Number: 59-2836488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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	( ) Delete
Name:	CULLY, JAMES	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	
Title:	VPD	( ) Delete
Name:	SMITH, CHARLES	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	
Title:	SD	( ) Delete
Name:	SICARD, MARJORIE	
Address:	P.O. BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	
Title:	TD	( ) Delete
Name:	WELLS, DONNA	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	
Title:	D	( ) Delete
Name:	COCCOMA, PAT	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	BROWN, ROBERT	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	
Title:	D	(X) Change ( ) Addition
Name:	MCKIERNAN, JOHN	
Address:	PO BOX 380758	
City-St-Zip:	MURDOCK, FL 33938	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM CULLY PD 03/06/2009
Electronic Signature of Signing Officer or Director Date