

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90063 048 \*\*\*\*61.25

**DOCUMENT # N24179**

1. Entity Name  
**NEWPORT SQUARE II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3579 ACCESS ROAD  
ENGLEWOOD, FL 34224**

Mailing Address  
**3579 ACCESS ROAD  
ENGLEWOOD, FL 34224**

**50002961**



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  
**65-0430328**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCLENNON, THOMAS P  
1861 PLACIDA ROAD  
STE. 205  
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name **Darryl A. Newell**

Street Address (P.O. Box Number is Not Acceptable)

**3579 S. Access Rd**

City **Englewood**

**FL**

Zip Code **34224**

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

*Darryl A. Newell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-11-05**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☒ Delete  
NAME **NEZER, LINDA**  
STREET ADDRESS **7188 DAELSBAD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **VD** ☐ Delete  
NAME **NEWELL, DARRYL**  
STREET ADDRESS **1361 BAYSHORE DR.**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **TRS** ☒ Delete  
NAME **MAGUIRE, JOHN D**  
STREET ADDRESS **123 JOANNAMENT RD.**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Darryl A. Newell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DARRYL NEWELL**

Date

**1-11-05 941-474-**  
Daytime Phone # **9523**