

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**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**



02092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0430328</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NEWELL, DARRYL A  
3579 S ACCESS RD  
ENGLEWOOD, FL 34224**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000649435  
03/07/07-80049-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/12/07  
Date

Daytime Phone #