

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N40005

(3)

NEWPORT COVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7751 STIRLING BRIDGE BLVD
DELRAY BEACH, FL 33446

7751 STIR BRDG BLVD
DELRAY, FL 33446

3. Date Incorporated or Qualified

09/14/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0308459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 6300 PK OF COMMERCE BLVD

27 6300 PK OF COM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOCA RATON, FL 33487

28 BOCA RATON, FL 33487

Zip

Country

Zip

Country

24 33487

25 USA

29 33487

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, ROBERT L. CRANE, ESQ.
SUITE 1800
515 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33402

81 Name

SWATT, MYRON I.

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

6300 PARK OF COMMERCE BLVD.

83

84 City

BOCA RATON,

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

4/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KALLAND, DENISE
STREET ADDRESS 1750 NORTH FLORIDA MANGO
CITY-STATE-ZIP WEST PALM BEACH, FL 33409

TITLE STV
NAME KALLAND, MICHAEL
STREET ADDRESS 1750 NORTH FLORIDA MANGO
CITY-STATE-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME BOVE, TERRY
STREET ADDRESS 3901 WASHINGTON RD
CITY-STATE-ZIP MCMURRY, PA 15317

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE PD
12 NAME TENCER, MARTIN
13 STREET ADDRESS 7709 GREAT GLEN CIRCLE
14 CITY-STATE-ZIP DELRAY BEACH, FL 33446

21 TITLE TD
22 NAME WOLF, MARVIN
23 STREET ADDRESS 14190 CASTLE ROCK WAY
24 CITY-STATE-ZIP DELRAY BEACH, FL 33446

31 TITLE VPD
32 NAME FIELDS, NOAH
33 STREET ADDRESS 7520 STIRLING BRIDGE BLVD. N.
34 CITY-STATE-ZIP DELRAY BEACH, FL 33446

41 TITLE
42 NAME LAMPERT, IRWIN
43 STREET ADDRESS 7906 STIRLING BRIDGE BLVD.
44 CITY-STATE-ZIP DELRAY BEACH, FL 33446

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARTIN TENCER

4/16/96

Date Daytime Phone

CR2E037 (12/95)