

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90067 050 \*\*\*\*61.25

DOCUMENT # N4 00051

1. Corporation Name

Newport Core Home Inc.  
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Delray Beach, FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 951 Broken Sound Pkwy

65-0308459

Not Applicable

22 City & State

27 #250

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Boca Raton, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 33487 30

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Community Association Svc.  
951 Broken Sound Pkwy #250  
Boca Raton, FL 33487

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Phyllis Nardone ☐ DELETE  
NAME  
STREET ADDRESS 14090 Fair Isle Dr.  
CITY-ST-ZIP Delray Beach, FL 33446

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Yolanda Coleman ☐ DELETE  
NAME  
STREET ADDRESS 7710 Great Glen Cir.  
CITY-ST-ZIP Delray Beach, FL 33446

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE David Sandler ☐ DELETE  
NAME  
STREET ADDRESS 14061 Fair Isle Dr.  
CITY-ST-ZIP Delray Beach, FL 33446

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Gloria Sheldone ☐ DELETE  
NAME  
STREET ADDRESS 7946 Stirling Bridge S.  
CITY-ST-ZIP Delray Beach, FL 33446

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE Martin Reiter ☐ DELETE  
NAME  
STREET ADDRESS 7921 Stirling Bridge  
CITY-ST-ZIP Delray Beach, FL 33446

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE Ruth Sturnback ☐ DELETE  
NAME  
STREET ADDRESS 7838 Stirling Bridge  
CITY-ST-ZIP Delray Beach, FL 33446

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHYLLIS NARDONE

3/29/99

311-637-2659

CR2E034 (11/98)