

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40005

1. Entity Name

NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON FL 33487  
US

Mailing Address

591 BROKEN SOUND PKWY.  
#250  
BOCA RATON FL 33487  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0308459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMUNITY ASSOCIATION SIC  
951 BROKEN SOUND PKWY. #250  
BOCA RATON FL 33487

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	NARDONE, PHYLLIS	
STREET ADDRESS	14090 FAIR DALE DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOLEMINE, YOLANDA	
STREET ADDRESS	7710 GREAT GLEN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANDLER, DAVIE	
STREET ADDRESS	14061 FAIR DALE DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, GLORIA	
STREET ADDRESS	7946 STERLING BRIDGE S.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REITER, MARTIN	
STREET ADDRESS	7921 STERLING BRIDGE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STERNBACH, RUTH	
STREET ADDRESS	7808 STERLING BRIDGE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	solimine	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	marvin Lindenbaum	
STREET ADDRESS	7878 Stirling Bridge Bld	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Sternbach	
STREET ADDRESS	7838 Stirling Bridge Blvd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED  
Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90198 013 \*\*\*\*61.25