

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90369 050 ****61.25

002519

DOCUMENT # N40005

1. Entity Name

NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BOULEVARD
 BOCA RATON FL 33487
 US

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

Name

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

City

FL

Zip Code

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

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 checked="" type="checkbox"/> Delete
NAME	NARDONE, PHYLLIS	
STREET ADDRESS	14090 FAIR DALE DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SALIMINE, YOLANDA	
STREET ADDRESS	7710 GREAT GLEN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LINDENBAUM, MARVIN	
STREET ADDRESS	7878 STIRLING BRIDGE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STERNBACH, RUTH	
STREET ADDRESS	7838 STIRLING BRIDGE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ira Steinmetz	
STREET ADDRESS	7568 Stirling Bridge Blvd	
CITY-ST-ZIP	DeLray Bch, FL 33446	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn Krivoy	
STREET ADDRESS	7809 Stirling Bridge Blvd	
CITY-ST-ZIP	DeLray Bch, FL 33446	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Sandier	
STREET ADDRESS	7775 Great Glen Circle	
CITY-ST-ZIP	DeLray Bch, FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input 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 *[Signature]*

3/22/01

561-495-6219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)