2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90219 035 ****61.25

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

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHELDONE, GLORIA 7946 STIRLING BRIDGE BLVD. S DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINKELSTEIN, MARTIN L. 7818 STIRLING BRIDGE S. DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANDLER, EILEEN 7775 GREAT GLEN CIR. DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANDLER, EILEEN 7775 GREAT GLEN CIR DELRAY BEACH, FL 33446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VONRAPACKI, MADDY 14239 DUNN MOOR COURT DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEWIS, RUTH 7874 STIRLING BRIDGE S. DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NARDONE, PHYLLIS 14090 FAIR ISLE DR. DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOSHER, BONNIE 7564 STIRLING BRIDGE DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JIM 14103 SKY TERRACE DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EISENFELD, SEYMOUR A 7591 STIRLING BRIDGE BLVD S. DELRAY BEACH, FL 33446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLUSKY, ANNETTE 14057 GLENYOU COURT DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, JOYCE 7905 STIRLING BRIDGE S. DELRAY BEACH, FL 33446	☐ Change ☑ Addition

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: M. Goodlick 1/10/2007 561 994 1788 x46
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #