

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90060 048 ****61.25

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**

90007202



☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW: FEE IS \$61.25

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	P SHELDONE, GLORIA 7946 STERLING BRIDGE BLVD DELRAY BEACH FL 33446 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R. LEE SIMMONS 1782 STIRLING BRIDGE BLVD DELRAY BEACH FL 33446 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGUANZO, SERGIO 14071 FAIR ISLE DR. DELRAY BEACH FL 33446 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID SANDLER 14061 FAIR ISLE DR. 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VONRAPACKI, MADDY 14239 DUNMOON COURT DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maddy VonRapakki 14239 Dunmoon Court Delray Beach, FL 33446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEGEBOUN, MARVIN 7578 STERLING BRIDGE BLVD. DELRAY BEACH FL 33446 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID CORDON 7716 STIRLING BRIDGE BLVD DELRAY BEACH FL 33446 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDONS, PHYLLIS 14090 FAIR ISLE DR. DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHYLLIS NARDONE 14090 Fair Isle Dr. DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

CR2E037 (10/02)

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]* TREASURER 1/14/03