

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000001352**

1. Entity Name  
**NEWPORT MIAMI BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**16701 COLLINS AVE.  
MIAMI BEACH, FL 33160**

Mailing Address  
**3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD, FL 33021 US**

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0490691**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., STE 400  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SAM, MARTHA  
16701 COLLINS AVE.  
MIAMI BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DEVALUSCK, RAQUEL V  
16701 COLLINS AVE.  
MIAMI BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
NYHUIS, RAY  
16701 COLLINS AVE.  
MIAMI BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

U000000718112  
05/01/07-80009-002 61.25

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:** *Martha Sam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARTHA SAM*

*3/19/07*

Date

*(954) 989-2200*

Daytime Phone #