

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90031 003 \*\*\*150.00

**DOCUMENT # P05000053369**

1. Entity Name

NEWPORT PINETREE AND LAKESIDE II, INC.



Principal Place of Business

C/O NEWPORT PROPERTY VENTURES, LTD.  
3211 PONCE DE LEON BLVD STE 202  
CORAL GABLES FL 33134

Mailing Address

C/O NEWPORT PROPERTY VENTURES, LTD.  
3211 PONCE DE LEON BLVD STE 202  
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-2656719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVENSON, FRED ESQ.  
200 S BISCAYNE BLVD STE 4900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Martini, Gregory T.

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

2655 LeJeune Road, Ste 1101

City

Coral Gables

FL

Zip Code

33134

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 of the principal or majority of registered agent and the applicable:

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RODRIGUEZ, ALEXANDER E  
STREET ADDRESS C/O 3211 PONCE DE LEON BLVD STE 202  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete  
NAME SCURTIS, CONSTANTINE J  
STREET ADDRESS C/O 3211 PONCE DE LEON BLVD STE 202  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Delete  
NAME DUVA, VICTOR A  
STREET ADDRESS 1209 ORANGE ST  
CITY-ST-ZIP WILMINGTON DE 19801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:**

Constantine J. Scurtis

2/19/08 (305)446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #