

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40005

Entity Name: NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVENUE SUITE 100
BOCA RATON, FL 33487**Current Mailing Address:**C/O CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVENUE SUITE #100
BOCA RATON, FL 33487 US**FEI Number:** 65-0308459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE CHAPMAN LAW FIRM, PA
7200 W. CAMINO REAL
STE 102
BOCA RATON, FL 33433 US*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:** S. CHAPMAN, ESQ.

04/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VON RAPACKI, MADDY
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name MORGAN, RUTH
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name MICHELETTI, BEN
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name JOHNSON, LORAYNE
Address CREST MANAGEMENT GROUP
 6413 CONGRESS AVENUE 100
City-State-Zip: BOCA RATON FL 33487

Title VP
Name SHELDON, GLORIA A
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name SCHROB, DAVID
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BRONSVELD, LESLIE
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVENUE SUITE
 #100
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name JOHNSON, LORAYNE
Address CREST MANAGEMENT GROUP
 6413 CONGRESS AVENUE 100
City-State-Zip: BOCA RATON FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADDY VON RAPACKI

PRESIDENT

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date