

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40005

**Entity Name:** NEWPORT COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O BENCHMARK PROPERTY MANAGEMENT  
7932 WILES ROAD  
CORAL SPRINGS, FL 33067**Current Mailing Address:**C/O BENCHMARK PROPERTY MANAGEMENT, INC.  
7932 WILES ROAD  
CORAL SPRINGS, FL 33067 US**FEI Number:** 65-0308459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUCKER & LOKEINSKY, P.A.  
800 EAST BROWARD BOULEVARD  
SUITE 710  
FORT LAUDERDALE, FL 33301 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:** JESSICA LOKEINSKY, ESQ.

03/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	MICHELETTI, BENN
Address	17671 GREAT GLEN CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446

Title	P
Name	JONES, DR. LAUREN B
Address	7679 STIRLING BRIDGE BLVD. N
City-State-Zip:	DELRAY BEACH FL 33446

Title	VP
Name	MACHIA, SHELLEY
Address	7675 STIRLING BRIDGE BLVD. N
City-State-Zip:	DELRAY BEACH FL 33446

Title	T
Name	TRAGER, ART
Address	7716 STIRLING BRIDGE BLVD. N
City-State-Zip:	DELRAY BEACH FL 33446

Title	S
Name	VERNI, LINDA
Address	14080 SKYE TERRACE
City-State-Zip:	DELRAY BEACH FL 33446

Title	D
Name	FIELDS, NOAH
Address	7520 STIRLING BRIDGE BLVD. N
City-State-Zip:	DELRAY BEACH FL 33446

*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:** LINDA VERNI

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03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date