

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753014** (0)
1. Corporation Name
NEW WORLD TOWNHOUSE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**235 10TH STREET
LAKE PARK FL 33403-3132**

Mailing Address
**235 10TH STREET
LAKE PARK FL 33403-3132**

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/29/1984		3a. Date of Last Report 02/16/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2192246		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent LINDQUIST, LORRAINE 235 10TH ST LAKE PARK FL 33403				10. Name and Address of New Registered Agent 81 Name: PATRICIA ANN HILL 82 Street Address (P.O. Box Number is Not Acceptable): 235 10th Street 83 84 City: LAKE PARK FL 85 Zip Code: 33403			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE *Patricia Ann Hill* - TREASURER *Patricia Ann Hill* 6/19/96
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	P (D)	☒ Change ☐ Addition		
NAME	GREEN, ANITA		1.2 NAME	Green, Anita			
STREET ADDRESS	321 SANDTREE DR		1.3 STREET ADDRESS	321 Sandtree Dr			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	LAKE PARK, FL 33403			
TITLE	VP	☒ DELETE	2.1 TITLE	VP (D)	☐ Change ☒ Addition		
NAME	LINDQUIST, LAWRENCE		2.2 NAME	William Nguyen			
STREET ADDRESS	1965 JUNO ISLES BLVD.		2.3 STREET ADDRESS	1424 143rd St.			
CITY-ST-ZIP	N. PALM BEACH FL		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418			
TITLE	ST	☒ DELETE	3.1 TITLE	S (D)	☒ Change ☐ Addition		
NAME	LINDQUIST, LORRAINE		3.2 NAME	Ruth, Dee Ann			
STREET ADDRESS	1965 JUNO ISLES BLVD		3.3 STREET ADDRESS	205 10th St.			
CITY-ST-ZIP	N PALM BEACH FL		3.4 CITY-ST-ZIP	LAKE PARK, FL 33403			
TITLE	D	☐ DELETE	4.1 TITLE	T (D)	☒ Change ☐ Addition		
NAME	HILL, PATRICIA		4.2 NAME	Hill, Patricia			
STREET ADDRESS	209 10TH ST		4.3 STREET ADDRESS	209 10th Street			
CITY-ST-ZIP	LAKE PARK FL		4.4 CITY-ST-ZIP	LAKE PARK, FL 33403			
TITLE	D	☐ DELETE	5.1 TITLE	(D)	☐ Change ☒ Addition		
NAME	RUTH, C. DEE ANN		5.2 NAME	Sumak, David			
STREET ADDRESS	205 10 ST		5.3 STREET ADDRESS	2589 Highway Rd			
CITY-ST-ZIP	LAKE PARK FL		5.4 CITY-ST-ZIP	LAKE PARK, FL 33403			
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	EVANS, KEITH		6.2 NAME				
STREET ADDRESS	1032 SW COLORADO AVENUE		6.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Patricia Ann Hill* *Patricia Ann Hill* - TREASURER 6-19-96 407-863-7186
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)