

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 753014	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2192246	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent PATRICIA ANN HILL 209 10TH ST LAKE PARK, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Anita Pace</u>	DATE <u>2/13/05</u>
	(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, ANITA <u>422 8th St.</u> <u>321 SANDTREE DR</u> WEST PALM BEACH, FL <u>33401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500048399375</u> <u>03/15/05--01007--014</u> **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NGUYEN, WILLIAM <u>1313 Alcantara Court</u> <u>6024 143RD STREET</u> PALM BEACH GARDENS, FL <u>PINARA BMDH, FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH, DEE ANN 205 10TH ST LAKE PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, PATRICIA 209 10TH ST LAKE PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIMAK, DAVID 2559 HONEY RAOD LAKE PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Deleted</u> Charles Grogan <u>1773 SW 43rd Ave</u> <u>FL. Lauderdale, FL 33317</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anita Pace</u>	DATE <u>2/13/05</u> (501) <u>820-9769</u>
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

FILED
05 MAR 16 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282005 REIN-NP CR2E099 (6/04)

FL Zip Code

2/13/05

Make check payable to
Florida Department of State

500048399375
03/15/05--01007--014 **297.50

2/13/05 (501) 820-9769

3/14/05