


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703674 1. Corporation Name NEW YORK CONDOMINIUM ASSOCIATION, INC.	(2)
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Principal Place of Business % BEACON PROPERTY MGMT 1 N OCEAN BLVD. STE 7 BOCA RATON FL 33432	Mailing Address % BEACON PROPERTY MGMT 1 N OCEAN BLVD. STE 7 BOCA RATON FL 33432
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2. Principal Place of Business 21 1445 SE 15th Court Suite, Apt. #, etc. 22 Deerfield Beach, FL. City & State 23 Zip 24		2a. Mailing Address 25 500 E. Spanish river Blvd. Suite, Apt. #, etc. 26 #18 City & State 27 Boca Raton, FL. City & State 28 Zip 29 33431		3. Date Incorporated or Qualified 03/05/1962	3a. Date of Last Report 04/04/1995
4. FEI Number 59-1803179		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent WILLIS, ERNEST W C/O BEACON PROPERTY MANAGEMENT, INC. 1 N OCEAN BLVD, STE 7 BOCA RATON FL 33432	10. Name and Address of New Registered Agent 81 Name Ernest W. Willis 82 Street Address (P.O. Box Number is Not Acceptable) Beacon Property Mgmt. 83 500 E. Spanish River Blvd. #18 84 City Boca Raton FL 85 Zip Code 33431
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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 for 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Ernest W. Willis** **3-27-96**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD OSBORG, DON 1445 SE 15TH COURT DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD ROYCE, EUNICE 1445 SE 15TH CT. #301 DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD COLLINS, ROSEMARY 1445 SE 15TH CT 103 DEERFIELD BCH. FL	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD RATNER, ROBERT 1445 SE 15TH CT 302 DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D FRY, MARIE 1445 SE 15TH COURT, 201 DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DONALDSON, FLORENCE 1445 SE 15TH COURT. #202 DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Robert E. Ratner** **4/5/96** **PRES.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)