


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703674 (2)

1. Corporation Name
NEW YORK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1445 SE 15TH COURT DEERFIELD BEACH FL 33432 US	Mailing Address 500 E SPANISH RIVER BLVD #18 BOCA RATON FL 33431 US
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3. Date Incorporated or Qualified 03/05/1962	4. FEI Number 59-1803179	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIS, ERST W
BEACON PROPERTY MGMT
500 E SPANISH RIVER BLVD #18
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	500 NE Spanish River Blvd. #18			FL

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	OSBORG, DON
STREET ADDRESS	1445 SE 15TH COURT
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROYCE, EUNICE
STREET ADDRESS	1445 SE 15TH CT. #301
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	COLLINS, ROSEMARY
STREET ADDRESS	1445 SE 15TH CT 103
CITY-ST-ZIP	DEERFIELD BCH. FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	RATNER, ROBERT
STREET ADDRESS	1445 SE 15TH CT 302
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRY, MARIE
STREET ADDRESS	1445 SE 15TH COURT, 201
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, FLORENCE
STREET ADDRESS	1445 SE 15TH COURT. #202
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD Roy Barte
1.3 STREET ADDRESS	1445 SE 15th Ct.
1.4 CITY-ST-ZIP	Deerfield Beach, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Hubert Velez
2.3 STREET ADDRESS	1445 SE 15th Ct.
2.4 CITY-ST-ZIP	Deerfield Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E037 (10/97)