## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 703674**

1. Corporation Name

NEW YORK CONDOMINIUM ASSOCIATION, INC.

Country

25

Principal Place of Business
1445 SE 15TH COURT
DEERFIELD BEACH FL 33432

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

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Zip

500 NE SPANISH RIVER BLVD **BOCA RATON FL 33431** 

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## May 05, 1999 8:00 am § Secretary of State

05-05-1999 90079 001 \*\*\*\*61.25

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

03/05/1962

59-1803179

4. FEI Number

	<ol><li>Name and Address of Current Registered</li></ol>	Agent			10. Name and Address of New Registered Agent	
			81	Name	<del></del>	
WILLIS, EF	DEST W		82	Street	Address (P.O. Box Number is Not Acceptable)	
,	PANISH RIVR BLVD		62	311001	Addiess (F.O. Dox Humber is Not Acceptable)	
STE 18	PANION RIVE DEVD		83			
<b>.</b>	TON EL 00404		<u> </u>			
BUCA KA	TON FL 33431		84	City	FL  85   Zip (	Code
office or o	to the provisions of Sections 617.0502 and 617.150	ch change was auth	orized by	the corpo	corporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as re	registered gistered
agent. I a	m familiar with, and accept the obligations of, Section	M 617.0503, Florida	Statutes	-		i
SIGNATURE	Signature, typed or printed name of registered agent and title if applica	ole. (NOTE: Re	gistered Agen	nt signature r	equired when reinstating) DATE	Ì
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	TD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	BARTEL, R		1.2 NAME			Ì
STREET ADDRESS	1445 SE 15TH CT			ADDRESS		
1	DEERFIELD BCH FL		1.4 CITY-S			
CITY-ST-ZIP	SD SD	□ DELETE	2.1 TITLE	1-411	Change	Addition
[			2.2 NAME		_	ŀ
NAME	ROYCE, EUNICE			TADORESS	•	Ì
	1445 SE 15TH CT. #301					
CITY-ST-ZIP	DEERFIELD BEACH FL	DELETE	2.4 CITY-S 3.1 TITLE	11-ZP	Change	Addition
TITLE	D.	_ Jeec.	3.2 NAME			
NAME	VELEPEC, H			r + DDDECC	·	
STREET ADDRESS	02		i	TADDRESS		ŀ
CITY-ST-ZIP	DEERFIELD BCH. FL	D DELETE	3.4. CITY-S	IT- ZIP	Change	☐ Addition
TITLE	PD	DELETE	4.1 TITLE		C Change	
NAME	ratner, robert		4.2 NAME			
STREET ADDRESS	1445 SE 15TH CT 302		4.3 STREET	TADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-S	T-ZIP		□ Addition
TITLE	VD ,	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	FRY, MARIE		5.2 NAME			
STREET ADDRESS	1445 SE 15TH COURT, 201		5.3 STREET	ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-S	T-ZIP		
TITLE		☐ DELET <b>E</b>	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET	TADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
14. I hereby o	certify that the information supplied with this filing do	es not qualify for th	e exempt	ion state	in Section 119.07(3)(i), Florida Statutes. I further certify that the ature shall have the same legal effect as if made under oath; that	nformation

Country

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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, with all other like empowered.