


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90347 042 ****61.25

DOCUMENT # 703674 1. Entity Name NEW YORK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1445 SE 15TH COURT DEERFIELD BEACH, FL 33441 US			Mailing Address 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1803179	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS, EREST W 500 NE SPANISH RIVR BLVD STE 18 BOCA RATON, FL 33431				Name WILLIS, ERNEST W. Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD. SUITE #18 City BOCA RATON	
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.				FL Zip Code 33431	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTEL, CECILIA		NAME	PIERSON, GILBERT	
STREET ADDRESS	1445 SE 15TH CT		STREET ADDRESS	1445 SE 15th COURT, #102	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, MICHAEL		NAME	HUGHES, MICHAEL W.	
STREET ADDRESS	1445 SE 15TH COURT #103		STREET ADDRESS	1445 SE 15th COURT, #103	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATNER, GLADYS		NAME	DeVINCENZO, MICHAEL J.	
STREET ADDRESS	1445 SE 15TH COURT #302		STREET ADDRESS	1445 SE 15th COURT, #105	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, WILLIAM		NAME		
STREET ADDRESS	1445 SE 15TH COURT #204		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLARI, LEO		NAME		
STREET ADDRESS	1445 SE 15TH COURT #301		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>GIL PIERSON</i> GIL PIERSON, Treasurer 4-28-04 954-415-1800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					