

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90038 034 \*\*\*\*61.25

<b>DOCUMENT # 763806</b> 1. Entity Name <b>NEW AMERICA USA CONDOMINIUM ASSOCIATION, INC.</b>																															
Principal Place of Business <b>5125 OYSTER COVE</b> <b>NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>5125 OYSTER COVE</b> <b>NEW PORT RICHEY, FL 34652 US</b>																													
2. Principal Place of Business - No P.O. Box # <b>4364 Commercial Way</b>		3. Mailing Address <b>4364 Commercial Way</b>																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State <b>Spring Hill FL</b>		City & State <b>Spring Hill FL</b>																													
Zip <b>34606</b>		Zip <b>34606</b>																													
Country <b>USA</b>		Country <b>USA</b>																													
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>COLLINS, DEBRA</b> <b>5125 OYSTER COVE</b> <b>NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent  Name <b>Larry Schalles, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5320 MAIN STREET</b>  City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>																													
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><i>Larry C. Schalles</i></u> DATE <u>2-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>																															
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
Make check payable to Florida Department of State																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           PD            COLLINS, JAMES J            5125 OYSTER COVE            NEW PORT RICHEY, FL 34652           <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> </td> <td style="width: 50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           President / TREASURER            Jeffrey A. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>[Signature]</i></u> DATE <u>2/1/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															