2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 09, 2008 **DOCUMENT#763806** Secretary of State

Entity Name: NEW AMERICA USA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4364 COMMERCIAL WAY 4843 US HWY 19

SPRING HILL, FL 34606 NEW PORT RICHEY, FL 34652 US US

Current Mailing Address: New Mailing Address:

4364 COMMERCIAL WAY 4843 US HWY 19

NEW PORT RICHEY, FL 34652 SPRING HILL, FL 34606 US US

FEI Number: 59-2197652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHALLES, LARRY DA TEUFEL, THOMAS 5320 MAIN STREET 4843 US HWY 19

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 US US

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.

SIGNATURE: THOMAS TEUFEL 12/09/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HAMEROFT, JÉFFREY BASSIL, GEORGE Name: Name:

4364 COMMERCIAL WAY Address: 12738 N FLORIDA AVE Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: TAMPA, FL 33612

Title: VSD Title: TSD (X) Change () Addition () Delete Name: TEUFEL, TOM Name: TEUFEL, TOM

Address: 1669 VIRGINIA AVE Address: 1669 VIRGINIA AVE City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete Title: () Change (X) Addition

PHILLIPS, JEFFREY Name: Name: 8641 PIONEER TRAIL Address: Address: City-St-Zip: City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete Title: () Change (X) Addition

Name: Name: MADSEN, KAREN Address: Address: 6615 DEEB ST City-St-Zip: City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TEUFEL TSD 12/09/2008