2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 763806

Entity Name: NEW AMERICA USA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4843 US HWY 19
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

8602 FRONTIER TRAIL
PORT RICHEY, FL 34668 US

Current Mailing Address:

4843 US HWY 19
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TEUFEL, THOMAS
4843 US HWY 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BASSIL, GEORGE
Address: 12738 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: TSD ( ) Delete
Name: TEUFEL, TOM
Address: 1669 VIRGINIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete
Name: PHILLIPS, JEFFREY
Address: 8641 PIONEER TRAIL
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: MADSEN, KAREN
Address: 6615 DEEB ST
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TOM TEUFEL TREA 04/27/2009

Electronic Signature of Signing Officer or Director — Date