## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORNORATIONS

1996

DOCUMENT # 768161 (2)

1302 NEW WORLD AVENUE CONDOMINIUM ASSOCIATION, I

NO:						
Principal Place	of Business	Mailing Address				181 81810 81811 91811 91911 91911 91911 1031
1302 NEW WI UNIT #1 LANTANA FL		<del>-1712 High Ridge</del> Road Lake Worth FL 33461				
LANIANA FL	33402				<ol> <li>Date Incorporated or Qualified 04/26/1983</li> </ol>	3a. Date of Last Report 04/12/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26 /301 Lake	Genera	aDr.	4. FEI Number 59-2364 153	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, <u></u>	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	е	City & State Wor	Mr.	FL	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζıp	Country	Zip 22 tu	Country		8. This corporation has liability for in	
24	25	29 33461	30 0.	S.A.	Florida Statutes  10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New He	Distaled Wildlift
041.011				<u> </u>		
SALOMAA, KAUKA 1302 NEW WORLD AVE.		82 Street A		Street Add	ress (P.O. Box Number is Not Acceptable	)
	IA FL 33462		83			
•	D11 C 0010E		84	City		85 Zip Code
				'		<b>FL</b>
l o∙registe	to the provisions of Sections 617.0502 ared agent, or both, in the State of Floric fith, and accept the obligations of, Secti	da. Such change was authorize	s, the above- of by the com	named corpoi poration's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered office intment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	aud title if applicable (NOT	E: Booistered Ane	nt signature regiure	ed when reinstating)	DATE
12.	OFFICERS AN		13.	it ograde require	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SALOMAA, KAUKO		1.2 NAME			
STREET ADDRESS	1302 NEW WORLD AVENUE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		1.4 CiTY-	ST-ZIP		Change Addition
11111	D		2 1 TITLE			☐ Change ☐ Addition
NAME	SALOMAA, LIISA		2 2 NAME			
STREET ADDRESS	1302 NEW WORLD AVENUE			T ADDRESS		
CITY-ST-ZIP	VD DELETE		2. 4 CITY 3.1 TITLE	-S1-ZIP		Change Addition
TITLE	SALOMAA, ERKKI	Clotte	3.2 NAME			
NAME STILLET ADDRESS	1302 NEW WORLD AVE			ET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4. CITY	-St-ZIP		
TITLE	D	DELETE	4.1 TITLE			Change Addition
NAME	TALIKKA, EINO P.		4. 2 NAM	E		
STREET ADDRESS	2460 S GARDEN DR #312		. 4.3 STREE	ET ADDRESS		_
CITY - ST - ZIP	LAKE WORTH FL 33462		4.4 CITY	ST-ZIP	90000174 -03/18/36010	16869 60 0705 Desc.
TITLE		DELETE	5.1 TITLE		~U3/18/35~~U1U ***C1 OF	500@Bhange □ Addition
NAME			5.2 NAME		***61.25	
STREET ADORESS				ET ADDRESS		
CITY-S1-ZIP			5.4 CITY		1,11,111	Change Addition
TYTLE		DELETE	6.1 TITLE			C Supula C Manufull
NAME			6.2 NAM			רו 🗸
STREET ADDRESS	5		•	ET ADDRESS		/ 3/61
CITY-ST-ZIP			6.4 CITY	-51- <i>1</i> 1P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: - Laule - Lalau an signature and typed or printed name of signing officer or director

Daytime Phone #

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