

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768161

1. Corporation Name
**1302 NEW WORLD AVENUE CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business
**1302 NEW WORLD AVE
 UNIT #1
 LANTANA FL 33462**

Mailing Address
**1301 LAKE GENEVA DR
 LAKE WORTH FL 33461**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2364153	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAUKO, SALOMAA 1302 NEW WORLD AVE. LANTANA FL 33462				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOMAA, KAUKO		1.2 NAME				
STREET ADDRESS	1302 NEW WORLD AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOMAA, LIISA		2.2 NAME				
STREET ADDRESS	1302 NEW WORLD AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LANTANA FL 33462		2.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Mr. Pinjo Salmi</i>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOMAA, ERKKI		3.2 NAME	<i>1302 New World Ave</i>			
STREET ADDRESS	1302 NEW WORLD AVE		3.3 STREET ADDRESS	<i>Lantana FL 33462</i>			
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>Jesus Redniguez</i>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALIKKA, EINO P.		4.2 NAME	<i>1302 New World Ave</i>			
STREET ADDRESS	2460 S GARDEN DR #312		4.3 STREET ADDRESS	<i>Lantana FL 33462</i>			
CITY-ST-ZIP	LAKE WORTH FL 33462		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: *Kauko Saloma* **SIGNATURE REQUIRED** **3.29.99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)