

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90092 040 \*\*\*\*61.25

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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 <b>04/26/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2364153</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KAUKO, SALOMAA 1302 NEW WORLD AVE. LANTANA FL 33462</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOMAA, ERKKI		3.2 NAME	<i>Mr. Pingo Salmi</i>			
STREET ADDRESS	1302 NEW WORLD AVE		3.3 STREET ADDRESS	<i>1302 New World Ave</i>			
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP	<i>Lantana FL 33462</i>			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALIKKA, EINO P.		4.2 NAME	<i>Jesus Redniguez</i>			
STREET ADDRESS	2460 S GARDEN DR #312		4.3 STREET ADDRESS	<i>1302 New World Ave</i>			
CITY-ST-ZIP	LAKE WORTH FL 33462		4.4 CITY-ST-ZIP	<i>Lantana FL 33462</i>			
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)