

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-14-2000 90070 022 ****61.25

DOCUMENT # 768161

1. Entity Name

1302 NEW WORLD AVENUE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

1302 NEW WORLD AVE
 UNIT #1
 LANTANA FL 33462

Mailing Address

1301 LAKE GENEVA DR
 LAKE WORTH FL 33461-6045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2364153

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUKO, SALOMAA
 1302 NEW WORLD AVE.
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

ARVO LIEVONEN

Street Address (P.O. Box Number is Not Acceptable)

1301 LAKE GENEVA DR.

City

LAKE WORTH

FL

Zip Code

33461

8. 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

[Handwritten Signature]

ARVO LIEVONEN, TREASURER 1/28/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	SALOMAA, KAUKO	
STREET ADDRESS	1302 NEW WORLD AVENUE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALMI, PIRJO	
STREET ADDRESS	1302 NEW WORLD AVENUE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JESUS	
STREET ADDRESS	1302 NEW WORLD AVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TALIKKA, EINO P.	
STREET ADDRESS	2460 S GARDEN DR #312	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERTTI PIIRA	
STREET ADDRESS	986 COSMOS CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMI PIIRJO	
STREET ADDRESS	1302 NEW WORLD AVE.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ JESUS	
STREET ADDRESS	1302 NEW WORLD AVE.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNELI PIIRA	
STREET ADDRESS	986 COSMOS CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEWART EQUIP. PIIRA, PRES.

1/28/2000

561-588-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)