


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

|   |                                 |  |
|---|---------------------------------|--|
| <b>DOCUMENT # 768161</b><br>1. Entity Name<br>1302 NEW WORLD AVENUE CONDOMINIUM ASSOCIATION, INC.   |                                 |                                   |
| Principal Place of Business<br>1302 NEW WORLD AVE UNIT #1 LANTANA FL 33462  |                                 | Mailing Address<br>1302 NEW WORLD AVE #2 LAKE WORTH FL 33462   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |
| City & State  |                                 | City & State   |
| Zip   | Country                         | Zip  |
|   |                                 | Country  |
|   |                                 | 4. FEI Number <b>59-2364153</b>  |
|   |                                 | Applied For<br><input type="checkbox"/> Not Applicable   |
|   |                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 6. Name and Address of Current Registered Agent<br><br><b>STAIGLE, DARCY</b><br>1302 NEWWORLD AVE #2<br>LANTANA FL 33462  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City  |
|   |                                 | FL Zip Code  |
| 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. I am familiar with, and accept the obligations of registered agent.   |                                 |  |
| SIGNATURE: <i>Darcy Staigle</i> Treasurer <i>Darcy Staigle</i> <i>2/10/05</i><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| <b>Make Check Payable to Florida Department of State</b>  |                                 |  |
| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |
| TITLE: P<br>NAME: ADAMS, PAUL<br>STREET ADDRESS: 1302 NEW WORLD AVE., #3<br>CITY - ST - ZIP: LANTANA FL 33462   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000231793<br>02/16/05-80044-019 61.25      |
| TITLE: T<br>NAME: STAIGLE, DARCY<br>STREET ADDRESS: 1302 NEW WORLD AVE #2<br>CITY - ST - ZIP: LAKE WORTH FL 33462   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE: VTS<br>NAME: SALMI, PIPSA<br>STREET ADDRESS: 1302 NEW WORLD AVE #1<br>CITY - ST - ZIP: LANTANA FL 33462  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE: T<br>NAME: STAIGLE, DARCY<br>STREET ADDRESS: 1302 NEW WORLD AVE #2<br>CITY - ST - ZIP: LAKE WORTH FL 33462   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE: VPD<br>NAME: THOMAS, BRYAN<br>STREET ADDRESS: 1302 NEW WORLD AVE #4<br>CITY - ST - ZIP: LANTANA FL 33462   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP:  | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <i>Darcy Staigle</i> <i>Darcy Staigle</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 | Date: <i>2/10/05</i> 561-237-1415<br><small>Daytime Phone #</small>  |