

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20011 (5)

1. Corporation Name

THE NEW YORKER CONDOMINIUM ASSOCIATION OF HOLLYWOOD, INC.

Principal Place of Business

**320 NEW YORK ST
HOLLYWOOD FL 33019**

Mailing Address

**320 NEW YORK ST
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0077893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONACCURSO, JOSEPH
320 NEW YORK STREET
HOLLYWOOD FL 33019**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Sign on separate lines name of registered agent and the corporation)

(Sign on separate lines registered agent signature and start numbering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BONACCURSO, JOSEPH
STREET ADDRESS	320 NEW YORK STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	CANOSA, ANGELA
STREET ADDRESS	320 NEW YORK STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	BONACCURSO, ELVIRA
STREET ADDRESS	320 NEW YORK STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	STD
NAME	BARILLO, VIVI
STREET ADDRESS	320 NEW YORK STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Joseph Bonaccurso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH BONACCURSO

4/18/95
Date

305/920/0423
Telephone Number