


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N96000004048</b>					
<b>1. Entity Name</b> NEW WORLD CONDOMINIUM APARTMENTS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 395 NW 177TH STREET MIAMI, FL 33169 US			<b>Mailing Address</b> 160 NW 176TH STREET SUITE 400-2 MIAMI, FL 33169		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0693553	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PRESTIGE MANAGEMENT SOLUTIONS, INC 160 NW 176TH STREET SUITE 400-2 MIAMI, FL 33169			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BLACK, CORDELL <b>STREET ADDRESS</b> 395 NW 177 ST #244 <b>CITY - ST - ZIP</b> MIAMI, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> TREASURER (TD) <b>NAME</b> YVONNE BARNES <b>STREET ADDRESS</b> 395 NW 177 ST #214 <b>CITY - ST - ZIP</b> MIAMI FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KIMBLE, LUE <b>STREET ADDRESS</b> 395 NW 177 ST #109 <b>CITY - ST - ZIP</b> MIAMI, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> 800137329068 <b>NAME</b> 10/27/08--01061--017 <b>STREET ADDRESS</b> **61.25 <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SCOTT, BETTY <b>STREET ADDRESS</b> 395 NW 177 ST #121/122 <b>CITY - ST - ZIP</b> MIAMI GARDENS, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> FILS-AIME, ANTHONY <b>STREET ADDRESS</b> 395 NW 177 ST #232 <b>CITY - ST - ZIP</b> MIAMI, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HURT, ROSE LEE <b>STREET ADDRESS</b> 395 NW 177TH ST. #132 <b>CITY - ST - ZIP</b> MIAMI, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HUNTER, VALERIE <b>STREET ADDRESS</b> 395 NW 177TH STR. #123/124 <b>CITY - ST - ZIP</b> MIAMI, FL 33169	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Yvonne Barnes</u> <u>YVONNE BARNES TREASURER</u> <u>10-24-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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