

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90044 014 ****61.25

DOCUMENT # N97000002039 1. Entity Name NEW WORLD CONDOMINIUM APARTMENTS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 301 - NW 177TH STREET MIAMI, FL 33169 US			Mailing Address C/O ASTOR MANAGEMENT SERVICES, INC. 2100 W - 76TH ST., STE. #407 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # Astor Management Suite, Apt. #, etc. 2100 W. 76th Street		3. Mailing Address 2100 W 76th Street Suite, Apt. #, etc. Suite 407			
City & State Suite 407 Hialeah FL		City & State Hialeah FL		4. FEI Number 65-0757962	
Zip 33016		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OVALLS, EDGAR C/O ASTOR MGMT SERV. INC 2100 W 76 STREET STE 409 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Astor Management Services Street Address (P.O. Box Number is Not Acceptable) 2100 West 76 Street #407 City Hialeah FL Zip Code 33016	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ALVIN 301 NW 177 STREET #203 MIAMI, FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, CONGRIVE 301 NW 177 STREET #140 MIAMI, FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGWOOD, MICHELE 301 NW 177 STREET #108 MIAMI, FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCOMBE, BONEVIA 301 NW 177 STREET #102 MIAMI, FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE 301 NW 177 ST. # 145 MIAMI, FL 33169	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, JOY 301 NW 177 ST. #103 MIAMI, FL 33169	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alvin Williams 301 NW 177 Street #203 Miami FL 33169	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Theresa Brown 301 NW 177 Street #112 Miami FL 33169	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Magwood, Michelle 301 NW 177 Street #102 Miami, FL 33169	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Rachelin, Louis 301 NW 177 Street #112 Miami, FL 33169	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Campbell Christopher 301 NW 177 Street #203 Miami, FL 33169	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rosario Robert 301 NW 177 Street #103 Miami FL 33169	☐ Change ☒ Addition			
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.					
SIGNATURE: <u><i>Louis Rachelin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1/31/07 305/527/1887 Date Daytime Phone #					

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01302007 Chg-NP CR2E037 (12/06)

ATTACHMENT

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#N97000002039

Original was
Sent without
check by error
Thank you

Astor Mgmt
305-818-0810