## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002039

FILED Jun 01, 2009 Secretary of State

Entity Name: NEW WORLD CONDOMINIUM APARTMENTS II CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
2131 NW SUITE 21 OPA-LOC	139ST KA, FL 33054 US	
Current Mailing Address:		New Mailing Address:
2131 NW SUITE 21 OPA-LOC	139ST KA, FL 33054 US	
n accordan	: 65-0757962 FEI Number Applied For() FEI ice with s. 607.193(2)(b), F.S., the corporation did not rece I Address of Current Registered Agent:	Number Not Applicable ( )  ive the prior notice.  Name and Address of New Registered Agent:
ASTOR M 2131 NW UNIT 21 MIAMI, FL	ANAGEMENT SERVICES INC 139TH STREET 33054 US	
	named entity submits this statement for the purpor e of Florida.	se of changing its registered office or registered agent, or b
SIGNATU	RE: Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Title: Name: Address: City-St-Zip:	PD () Delete WILLIAMS, ALVIN 301 NW 177 STREET #203 MIAMI, FL 33169	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	VP ( ) Delete ROBINSON, CONGRIVE 301 NW 177 STREET #140 MIAMI, FL 33169	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	S ( ) Delete	Title: ( ) Change ( ) Addition
Address:	MAGWOOD, MICHELE 301 NW 177 STREET #108 MIAMI, FL 33169	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	301 NW 177 STREET #108	Address:
Address: City-St-Zip: Fitle: Name: Address:	301 NW 177 STREET #108 MIAMI, FL 33169 TD ( ) Delete DUNCOMBE, BONEVIA 301 NW 177 STREET #102	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN WILLIAMS PD 06/01/2009