
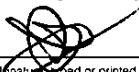
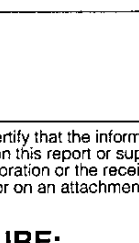


FILED
Aug 30, 2005 8:00 am
Secretary of State

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DOCUMENT # N98000003349						08-30-2005 90028 038 ****61.25	
1. Entity Name NEW WORLD CONDOMINIUM TOWNHOMES CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business PO BOX 227833-33122 MIAMI, FL 33122 US				Mailing Address PO BOX 227833-33122 MIAMI, FL 33122 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EISINGER, DENNIS 4000 HOLLYWOOD BLVD SUITE 265 SOUTH PRESIDENTIAL CIRCLE HOLLYWOOD, FL 33021				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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  (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete				Change Addition			
PD VIZRARRANDO, JOSE 17521 NW 7 AVE MIAMI, FL 33169							
Delete				Change Addition			
TD BURROUGHS, MITCH 17607 NW 7 AVE. MIAMI, FL 33169							
Delete				Change Addition			
SD CONNOR, GARLA 17553 NW 7 AVENUE MIAMI, FL 33169							
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date Daytime Phone #							