

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 048 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000002527 1. Entity Name NEW WORLD 42 TOWNHOMES OWNERS ASSOCIATION, INC.					
Principal Place of Business 500-634 NW 179TH ST 17801-17811 NW 7TH AVE MIAMI, FL 33169			Mailing Address C/O ASTOR MANAGEMENT SERVICES INC 2100 W 76TH ST SUITE 407 HIALEAH, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 74-2913629				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OVALLES, EDGAR C/O ASTOR MANAGEMENT SVCS INC 2100 WEST 76TH ST #409 HIALEAH, FL 33016				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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	D <input type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'CONNOR, KENTON	NAME	ALFONSO BONILLA		
STREET ADDRESS	518 NW 179TH ST	STREET ADDRESS	512 NW 179 ST		
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	MIAMI FL 33169		
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DESMARAT-ROC, NORMA	NAME	CHANCE MCKENZIE		
STREET ADDRESS	602 NW 179 ST.	STREET ADDRESS	630 NW 179 ST		
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	MIAMI FL 33169		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LADSON, JOI	NAME			
STREET ADDRESS	610 NW 179TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, SYDNEY	NAME			
STREET ADDRESS	18425 NW 2ND AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		04/26/05 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					