

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90001 040 ****61.25



DOCUMENT # 766506
1. Entity Name
AVANTI OCEAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **2504 ATLANTIC BCH BLVD #1B FT. PIERCE FL 34949 US**
Mailing Address: **2504 ATLANTIC BCH BLVD #1B FT. PIERCE FL 34949 US**

24076511



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2643969**
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALLISON, JOHN R., III
111 N.E. FIRST ST.
MIAMI FL 33132**

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE: PD	FAHEY, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS:	2504 ATLANTIC BCH BLVD, #1B	
CITY-ST-ZIP:	FT. PIERCE FL 34949	
TITLE: STD	FAHEY, PATRICA	<input type="checkbox"/> Delete
STREET ADDRESS:	2504 ATLANTIC BCH BLVD, #1B	
CITY-ST-ZIP:	FT. PIERCE FL 34949	
TITLE: D	ARRUDA, JOSEPH J	<input type="checkbox"/> Delete
STREET ADDRESS:	2504 ATLANTIC BLVD, #2B	
CITY-ST-ZIP:	FT. PIERCE FL 34949	
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
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: *Patricia Fahey* **PATRICIA FAHEY** 4/30/04 772 466 7421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #