


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N0300006807</b>			
1. Entity Name 2210 BUILDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O BAYVIEW PROPERTY MANAGEMENT 4600 ENTERPRISE AVENUE, STE A NAPLES FL 34104		Mailing Address C/O BAYVIEW PROPERTY MANAGEMENT 4600 ENTERPRISE AVENUE, STE A NAPLES FL 34104	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HASTINGS, CHERYL L GRANT FRIDKIN, PEARSON, ET AL, P.A. 5551 RIDGEWOOD DRIVE, STE. 501 NAPLES FL 34108		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 _____			
FILE NOW: 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	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMALAVAGE, RICHARD L	NAME	
STREET ADDRESS	1847 TRADE CENTER WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEZESHKAN, F. FRED	NAME	
STREET ADDRESS	2606 S. HORSESHOE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSELLO, ROBERT L	NAME	
STREET ADDRESS	2606 S. HORSESHOE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	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	
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 19.07(3)(f), 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: <i>Fred Pezeshkan</i>		Date: <i>4-26-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>434-6100</i>	



1st MOORE CR2E037 (10/04)

4. FEI Number **20-0253668** Applied For  Not Applied For

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

U00000355514  
05/03/05-80150-009 61.25