

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

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 754865 1. Entity Name THE THIRD AVENUE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business JEAN FOSTER MGMT., INC. 1650 N. MILITARY TRAIL #102 WEST PALM BEACH FL 33409 US	Mailing Address JEAN FOSTER MGMT., INC. 1650 N. MILITARY TRAIL #102 WEST PALM BEACH FL 33409 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2076236	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JEAM FOSTER MGMT., INC. 1650 N. MILITARY TRAIL #102 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-instating) _____ 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
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VD MANZO, JOE <input type="checkbox"/> Delete 1741 3RD AVE NORTH #10 LAKE WORTH FL
NAME	TD CATALLO, GAETANO <input type="checkbox"/> Delete 8 HEATON ST., NORTH YORK ONTARIO, CANADA CD M3H-4-6
STREET ADDRESS	DP ONORATO, EZIO <input type="checkbox"/> Delete 1741 3RD AVE NORTH #4 LAKE WORTH FL
CITY - ST - ZIP	S MORELLI, ARTURO <input type="checkbox"/> Delete 1741 3RD AVE NORTH #12 LAKE WORTH FL
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
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)(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: E. Onorato E. ONORATO FEB. 14 / 05 (905) 857-4248
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #