


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90139 048 \*\*\*\*61.25

<b>DOCUMENT # 754865</b> 1. Entity Name <b>THE THIRD AVENUE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>JEAN FOSTER MGMT., INC.</b> <b>1650 N. MILITARY TRAIL #102</b> <b>WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>JEAN FOSTER MGMT., INC.</b> <b>1650 N. MILITARY TRAIL #102</b> <b>WEST PALM BEACH, FL 33409 US</b>		
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	
<b>JEAN FOSTER MGMT., INC.</b> <b>1650 N. MILITARY TRAIL #102</b> <b>WEST PALM BEACH, FL 33409</b>				Name <b>Isabella Sandia M</b> Street Address (P.O. Box Number is Not Acceptable) <b>11 NORTH STREET #3</b> <b>LAKE WORTH, FL 33460</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>MANZO, JOE</b> <b>1741 3RD AVE NORTH #10</b> <b>LAKE WORTH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>CATALLO, GAETANO</b> <b>8 HEATON ST., NORTH YORK</b> <b>ONTARIO, CANADA, CD M3H-46</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>ONORATO, EZIO</b> <b>1741 3RD AVE NORTH #4</b> <b>LAKE WORTH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MORELLI, ARTURO</b> <b>1741 3RD AVE NORTH #12</b> <b>LAKE WORTH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>G. Manzo</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40043003



03172006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2076236** Applied For Not Applicable

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

Name **Isabella Sandia M**  
 Street Address (P.O. Box Number is Not Acceptable) **11 NORTH STREET #3**  
**LAKE WORTH, FL 33460**  
 City **FL** Zip Code

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	VD	<input type="checkbox"/> Delete
NAME	MANZO, JOE	
STREET ADDRESS	1741 3RD AVE NORTH #10	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CATALLO, GAETANO	
STREET ADDRESS	8 HEATON ST., NORTH YORK	
CITY - ST - ZIP	ONTARIO, CANADA, CD M3H-46	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ONORATO, EZIO	
STREET ADDRESS	1741 3RD AVE NORTH #4	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORELLI, ARTURO	
STREET ADDRESS	1741 3RD AVE NORTH #12	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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**SIGNATURE: G. Manzo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #