


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 754865</b>	
1. Entity Name <b>THE THIRD AVENUE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>% ISABELL REALTY &amp; PROPERTY MANAGEMENT 11 N. "J" STREET LAKE WORTH, FL 33460 US</b>	Mailing Address <b>% ISABELL REALTY &amp; PROPERTY MANAGEMENT 11 N. "J" STREET LAKE WORTH, FL 33460 US</b>
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02162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2076236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ISABELL, SANDRA M  
11 N J ST, # 3  
LAKE WORTH, FL 33460**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANZO, JOE 1741 3RD AVE NORTH #10 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATALLO, GAETANO 8 HEATON ST., NORTH YORK ONTARIO, CANADA, CD M3H-46
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ONORATO, EZIO 1741 3RD AVE NORTH #4 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORELLI, ARTURO 1741 3RD AVE NORTH #12 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000691978  
04/13/07-80032-020 61.25

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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.

**SIGNATURE:** Gianfranco Manzo (JOE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #