


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003432		
1. Entity Name 625 FIFTH AVENUE SOUTH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102	Mailing Address 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102		4. FEI Number 59-3651435 <div style="border: 1px solid black; padding: 2px; float: right;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000113646 04/15/04-80017-019 61.25
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	ANTARAMIAN, JACK J	
STREET ADDRESS	365 FIFTH AVENUE SOUTH	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE	D	
NAME	THOMAS, CHARLES J	
STREET ADDRESS	365 FIFTH AVENUE SOUTH	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE	D	
NAME	FRAZITTA, ROBERT M	
STREET ADDRESS	365 FIFTH AVENUE SOUTH	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Jack Antaramian</u> <u>Jack Antaramian</u> 04/13/04 239434-6222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		