2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003432

1. Entity Name
625 FIFTH AVENUE SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102	365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102

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03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3651435
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
365 FIFTH AVENUE SOUTH #201
NAPLES, FL 34102

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
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	

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04/27/06-80036-006 70.00

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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: Frank Delgado as Agent 4/10/06 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #