

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N01000006541

1. Entity Name
**780 FIFTH AVENUE SOUTH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

Mailing Address

**365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**



03092006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-3750070

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHEFFY, LOUIS W
CHEFFY & PASSIDOMO
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

**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, 2006**

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
**D
ANTARAMIAN, JACK J
365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIBSON, GREG
750 5TH AVENUE S. #203
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRAZITTA, ROBERT M
365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000506766
04/27/06-80036-007 70.00**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Delgado

Date

Daytime Phone #

4/18/06 (239) 434-0600