

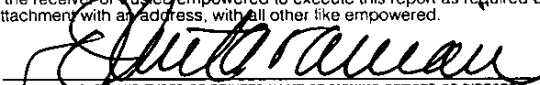


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90041 039 \*\*\*\*70.00

<b>DOCUMENT # N01000006541</b> 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 265 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102			
2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD, SUITE 300 NAPLES FL 34105		3. Mailing Address 3530 KRAFT ROAD, SUITE 300 NAPLES FL 34105			
4. FEI Number 59-3750070		Applied For Not Applicable		01262007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Zip Country Zip Country	
6. Name and Address of Current Registered Agent CHEFFY, LOUIS W CHEFFY & PASSIDOMO 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3530 KRAFT ROAD SUITE 300 NAPLES FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, GREG 750 5TH AVENUE S. #203 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, LEWIS M. 3530 KRAFT ROAD SUITE 300 NAPLES FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZITTA, ROBERT M 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N 3530 KRAFT ROAD SUITE 300 NAPLES FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4-24-07		239-434-0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	