
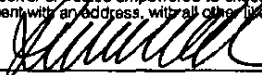


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 050 \*\*\*\*61.25

|   |                                |   |  |   |   |
|---|--------------------------------|---|--|---|---|
| <b>DOCUMENT # N03000004289</b>  |                                |   |  |  |   |
| <b>1. Entity Name</b><br>375 FIFTH AVENUE SOUTH CONDOMINIUM<br>ASSOCIATION, INC.  |                                |   |  |   |   |
| <b>Principal Place of Business</b><br>375 FIFTH AVENUE SOUTH STE 201<br>NAPLES, FL 34102  |                                |   | <b>Mailing Address</b><br>375 FIFTH AVENUE SOUTH STE 201<br>NAPLES, FL 34102 |   |   |
| <b>2. Principal Place of Business</b>   |                                |   | <b>3. Mailing Address</b>  |   |   |
| Suite, Apt. #, etc.   |                                |   | Suite, Apt. #, etc.  |   |   |
| City & State  |                                |   | City & State   |   |   |
| Zip   | Country                        | Zip   | Country  | 04122004 Chg-NP CR2E037 (10/03)   |   |
| <b>4. FEI Number</b><br>Applied For   |                                |   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                |   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |                                |   | <b>7. Name and Address of New Registered Agent</b>                           |   |   |
| GRANT, RICHARD C ESQ<br>C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN<br>5551 RIDGEWOOD DRIVE STE 501<br>NAPLES, FL 34108  |                                |   | Name   |   |   |
|   |                                |   | Street Address (P.O. Box Number is Not Acceptable)                           |   |   |
|   |                                |   | City   |   |   |
|   |                                |   | FL Zip Code  |   |   |
| <b>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.</b>  |                                |   |  |   |   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                |   |  |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |                                | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
|   |                                |   |  | <b>Make check payable to Florida Department of State</b>                          |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |   |   |
| TITLE   | D                              | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | FRAZITTA, ROBERT               |   | NAME   |   |   |
| STREET ADDRESS  | 375 FIFTH AVENUE SOUTH STE 201 |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   | NAPLES, FL 34102               |   | CITY- ST- ZIP  |   |   |
| TITLE   | D                              | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | DELGADO, FRANK                 |   | NAME   |   |   |
| STREET ADDRESS  | 375 FIFTH AVENUE SOUTH STE 201 |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   | NAPLES, FL 34102               |   | CITY- ST- ZIP  |   |   |
| TITLE   | D                              | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CARROLL, PETER                 |   | NAME   |   |   |
| STREET ADDRESS  | 375 FIFTH AVENUE SOUTH STE 201 |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   | NAPLES, FL 34102               |   | CITY- ST- ZIP  |   |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                |   | NAME   |   |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   |                                |   | CITY- ST- ZIP  |   |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                |   | NAME   |   |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   |                                |   | CITY- ST- ZIP  |   |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                |   | NAME   |   |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |   |   |
| CITY- ST- ZIP   |                                |   | CITY- ST- ZIP  |   |   |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.</b> |                                |   |  |   |   |
| <b>SIGNATURE:</b>    |                                | Peter Carroll   |  | 04/13/04 239 434-6222   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                |   |  |   |   |

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