

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N03000006807

1. Entity Name

2210 BUILDING CONDOMINIUM ASSOCIATION, INC.



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90456 035 ****61.25

JUUIJ4JU



1st MOORE CR2E037 (10/05)

Principal Place of Business C/O BAYVIEW PROPERTY MANAGEMENT 4600 ENTERPRISE AVENUE, STE A NAPLES FL 34104	Mailing Address C/O BAYVIEW PROPERTY MANAGEMENT 4600 ENTERPRISE AVENUE, STE A NAPLES FL 34104		
2. Principal Place of Business 500 Logan Blvd. So Suite, Apt. #, etc.	3. Mailing Address 500 Logan Blvd. So Suite, Apt. #, etc.		
City & State Naples, FL Zip 34119	City & State Naples, FL Zip 34119		
Country USA	Country USA		
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L GRANT FRIDKIN, PEARSON, ET AL, P.A. 5551 RIDGEWOOD DRIVE, STE. 501 NAPLES FL 34108		4. FEI Number 20-0253668	Applied For Not Applicable
		5. Certificate of Status Desired □ \$8.75 Additional Fee Required	
		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**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 ARMALAVAGE, RICHARD L 1847 TRADE CENTER WAY NAPLES FL 34109	<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	D PEZESHKAN, F. FRED 2606 S. HORSESHOE DRIVE NAPLES FL 34104	<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	D CARSELLO, ROBERT L 2606 S. HORSESHOE DRIVE NAPLES FL 34104	<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
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
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 Section 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:

acting Secretary

4-3-06

289-4346100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #