
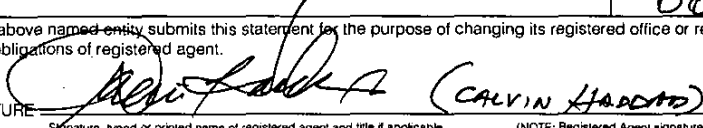
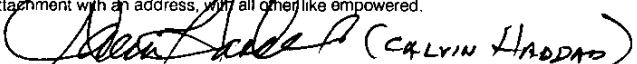


FILED  
Jan 23, 2006 8:00 am  
Secretary of State

01-23-2006 90117 011 \*\*\*\*70.00

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N03000007115</b>			
1. Entity Name FIFTH AVENUE PLACE CONDOMINIUM ONE ASSOCIATION, INC.			
Principal Place of Business 400 S.E. 5TH AVENUE 604 BOCA RATON, FL 33432		Mailing Address 400 S.E. 5TH AVENUE 604 BOCA RATON, FL 33432	
2. Principal Place of Business 55 NE FIFTH AVE		3. Mailing Address 55 NE FIFTH AVE	
Suite, Apt. #, etc. SUITE 402		Suite, Apt. #, etc. SUITE 402	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432	Country USA	Zip 33432	Country USA
4. FEI Number 03-0535549		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDAD, CALVIN 400 SE 5TH AVENUE BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: HADDAD, CALVIN Street Address (P.O. Box Number is Not Acceptable) 55 NE FIFTH AVE SUITE 402 City: BOCA RATON FL Zip Code: 33432	
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:  (CALVIN HADDAD) DATE: 1/19/06 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HADDAD, CALVIN 400 S.E. 5TH AVENUE APT 604 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, CALVIN 55 NE 5TH AVE - SUITE 402 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, BABETTE 400 SE 5TH AVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, BABETTE 55 NE 5TH AVE - SUITE 402 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJAGA, MELISSA 1250 SPANISH RIVER ROAD BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAGA, MELISSA 55 NE 5TH AVE - SUITE 402 BOCA RATON, FL 33432 <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
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:  (CALVIN HADDAD)		Date: 1/19/06 (212) 683-4444	