

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90023 042 \*\*\*\*70.00

**DOCUMENT # N03000007115**

1. Entity Name  
**FIFTH AVENUE PLACE CONDOMINIUM ONE  
ASSOCIATION, INC.**



Principal Place of Business  
**55 N.E. FIFTH AVE.  
SUITE 402  
BOCA RATON, FL 33432**

Mailing Address  
**55 N.E. FIFTH AVE.  
SUITE 402  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**03-0535549**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HADDAD, CALVIN  
55 N.E. FIFTH AVE.  
SUITE 402  
BOCA RATON, FL 33432**

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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, 2008**

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  
HADDAD, CALVIN  
55 N.E. FIFTH AVE., STE. 402  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HADDAD, BABBETTE  
55 N.E. FIFTH AVE., STE. 402  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAJAGA, MELISSA  
55 N.E. FIFTH AVE. STE. 402  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 reports 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

Date

Daytime Phone #

*Calvin Haddad* (member) **CALVIN HADDAD** 1/10/08 (56) 392-3696