

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007115

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

55 N.E. FIFTH AVE.  
SUITE 401  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

55 N.E. FIFTH AVE.  
SUITE 401  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 03-0535549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HADDAD, CALVIN  
55 N.E. FIFTH AVE.  
SUITE 401  
BOCA RATON, FL 33432 US

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.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HADDAD, CALVIN  
Address: 55 N.E. FIFTH AVE., SUITE 401  
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete  
Name: HADDAD, BETTIE  
Address: 55 N.E. FIFTH AVE., STE. 401  
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete  
Name: MAJAGA, MELISSA  
Address: 55 N.E. FIFTH AVE. STE. 401  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN HADDAD

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date