


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009947</b>		
1. Entity Name 900 FIFTH AVENUE SOUTH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 365 FIFTH AVENUE SOUTH NAPLES, FL 34102	Mailing Address 365 FIFTH AVENUE SOUTH NAPLES, FL 34102	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GRANT, RICHARD C ESQ. 5551 RIDGEWOOD DR., STE. 501 NAPLES, FL 34108		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRAZITTA, ROBERT 375 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELGADO, FRANK 375 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, PETER 375 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Frank Delgado</u> <u>Frank Delgado</u> <u>4/10/06</u> <u>(239) 434 0600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 27-0078966	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80030-007 70.00~M

**DO NOT WRITE  
IN THIS SPACE**