2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State DOCUMENT # N03000009947 05-01-2007 90041 043 ****70.00 900 FIFTH AVENUE SOUTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 365 FIFTH AVENUE SOUTH 365 FIFTH AVENUE SOUTH NAPLES, FL 34102 -NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3530 KRAFT ROAD 3530 KRAFT ROAD SUITE 300 01262007 SUITE 300 Chg-NP CR2E037 (12/06) NAPLES, FL 34105 NAPLES, FL 34105 4. FEI Number 27-0078966 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, RICHARD C ESQ Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DR., STE. 501 NAPLES, FL 34108 City 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. Fam 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) 🖫 Make check payable to 👢 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete 🔀 Change TITLE TITLE ☐ Addition 3530 KRAFT ROAD FRAZITTA, ROBERT NAME SUITE 300 STREET ADDRESS 375 FIFTH AVENUE SOUTH, STE. 201-STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP NAPLES, FL-34102 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 3530 KRAFT ROAD DELGADO, FRANK NAME SUITE 300 375 FIFTH AVENUE SOUTH, STE. 201-STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 NAPLES, FL 34102-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 3530 KRAFT ROAD NAME CARROLL, PETER NAME SUITE 300 375 FIFTH AVENUE SOUTH, STE. 201 STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP NAPLES; FL 34102-CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 dustee 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 estachment with an address, with all other like empowered.

FEIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED