


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12950</b> 1. Entity Name 689 NINTH STREET NORTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1207 3RD ST S 4 NAPLES, FL 34102 US	Mailing Address C/O MEYER, JOHN, W, CPA 1207 3 ST S 4 NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2634125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JAMES E.  
2338 IMMOKALEE RD  
NAPLES, FL 34110

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	PD COLLINS, JAMES E. 12887 VALEWOOD DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEBS, MICHAEL 689 NINTH STREET NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAKE, ELIZABETH 689 NINTH STREET NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIDLEY, JOHN H JR. 689 NINTH STREET NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000010789  
01/23/04-80012-009 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Elizabeth Blake** **1/7/04** **239-261-6247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #