

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N12950



1. Entity Name
689 NINTH STREET NORTH CONDOMINIUM
ASSOCIATION, INC.

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



01022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2634125

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEBS, MICHAEL
689 NINTH STREET NORTH SUITE D
NAPLES, FL 34102

**DO NOT WRITE
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**

000000775247
01/08/08-80022-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEBS, MICHAEL
STREET ADDRESS	689 9TH ST NORTH SUITE D
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VP
NAME	ALPER, JEFFREY
STREET ADDRESS	689 9TH ST NORTH SUITE B
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	ST
NAME	DWYER, EUGENE
STREET ADDRESS	689 9TH ST NORTH SUITE A
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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 officers empowered.

SIGNATURE:

Michael Debs

1/4/08

Date

239-262-0606

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR