


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12950 1. Entity Name 689 NINTH STREET NORTH CONDOMINIUM ASSOCIATION, INC.	
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FILED
 09 JAN 13 AM 8:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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01052009 No Chg-NP CR2E037 (11/08)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent DEBS, MICHAEL 689 NINTH STREET NORTH SUITE D NAPLES, FL 34102
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2009**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

600140445196
 01/13/09--01006--014 **\$61.25

JC 1/21

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____