

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90010 001 ****61.25

DOCUMENT # N99000005481					
1. Entity Name FIFTH AVENUE VILLAS & TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695			Mailing Address 318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3619373	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSTON, BARBARA S 350 5TH AVENUE NO SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name <u>SCOTT CORNELIUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>330 Sth Ave. North</u> City <u>Safety Harbor</u> FL Zip Code <u>34695</u>		
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 <u>SCOTT CORNELIUS</u> <small>Signature, typed or printed name of registered agent and use if applicable.</small>			DATE <u>7/11/04</u> <small>(NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOVERT, LYNN O 318 FIFTH AVE NO SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAREW, RONALD P 320 FIFTH AVE NO SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, BARBARA S 350 FIFTH AVE NO SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCOTT CORNELIUS 330 S th Ave. North Safety Harbor, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SCOTT CORNELIUS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/11/04</u> (701) 799-9755 <small>Daytime Phone #</small>		