2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2005 8:00 am Secretary of State

1. Entity Name FIFTH AV	MENT # N99000005 ENUE VILLAS & TOWNHO TION, INC.		s			07-25-200	05 90103	030 ****6	1.25
Principal Place of Business 318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695		Mailing Address 318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695						500575	71
2. Principal Place of Business		3. Mailing Address					JAN JENI ENIEN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07072005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State			4. FEI Numbe 59-3619			<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent		1	7. Name and	Address of New	Registered		
CORNELIUS, SCOTT		Name							
330 5TH AVE NORTH SAFETY HARBOR; FL: 34695		Street Addres		ddress (F	(P.O. Box Number is Not Acceptable)				
·		City			FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	agistered office or	r registere	ed agent, or bot	h, in the State of	-		and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and the if applicable. (NOTE:	Registered Agent signati	ura ropuired			DATE	105	
			nogratored rigorit signat	Ole Icdoxed	when reinstating)		DATE		
	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Co	oaign Financing		\$5.00 May B	e FI	Make che	ck payable to artment of St	
	oue by September 7, 2005 OFFICERS AND DIF	9. Election Camp Trust Fund Co	oaign Financing		\$5.00 May B	FI	Make che lorida Dep	ck payable to artment of St	ate
TITLE	OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	ANGES TO OFFIC	Make che lorida Dep	ck payable to artment of St	ate
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TITLE	OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. IIILE NAME	99	\$5.00 May B. Added to Fees DDITIONS/CHA	ANGES TO OFFICE	Make che lorida Dep CERS AND (ck payable to artment of St DIRECTORS IN Change	ate 10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

787-480-3187