

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 047 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N99000005481</b><br>1. Entity Name<br><b>FIFTH AVENUE VILLAS &amp; TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>318 FIFTH AVENUE NO<br/>SAFETY HARBOR, FL 34695</b>  |  |  | Mailing Address<br><b>318 FIFTH AVENUE NO<br/>SAFETY HARBOR, FL 34695</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 01052006 Chg-NP CR2E037 (11/05)   |  |
| 4. FEI Number<br><b>59-3619373</b>   |  |  |   | Applied For<br><input type="checkbox"/> 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<br><br><b>CORNELIUS, SCOTT<br/>330 5TH AVE NORTH<br/>SAFETY HARBOR, FL 34695</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>ERIC GREGORY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>318 5TH AVE NORTH</b><br>City <b>Safety Harbor</b> FL Zip Code <b>34695</b> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>   |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE  | PD<br><b>GREGORY, ALICIA</b> <input type="checkbox"/> Delete             |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   | <b>318 5TH AVE NO</b>  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | <b>SAFETY HARBOR, FL 34695</b>   |  | CITY-ST-ZIP   |   |  |
| TITLE  | VPD<br><b>CAREW, RONALD P</b> <input type="checkbox"/> Delete            |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   | <b>320 FIFTH AVE NO</b>  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | <b>SAFETY HARBOR, FL 34695</b>   |  | CITY-ST-ZIP   |   |  |
| TITLE  | TD<br><b>CORNELIUS, SCOTT</b> <input checked="" type="checkbox"/> Delete |  | TITLE   | TD<br><b>ERIC D. GREGORY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME   |  |  | NAME  |   |  |
| STREET ADDRESS   | <b>330 5TH AVE NORTH</b>   |  | STREET ADDRESS  | <b>318 5TH AVE NORTH</b>  |  |
| CITY-ST-ZIP  | <b>SAFETY HARBOR, FL 34695</b>   |  | CITY-ST-ZIP   | <b>SAFETY HARBOR, FL 34695</b>  |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| STREET ADDRESS   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| 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 like empowered. |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Alicia T. Gregory</i>   |  |  | <b>ALICIA T. GREGORY</b> 1-11-06 687-1461   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>   |   |  |