

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 023 ****61.25

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1. Entity Name
FIFTH AVENUE BEACH CLUB CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
175 5TH AVENUE SOUTH
NAPLES, FL 34102

Mailing Address
P.O. BOX 8478
NAPLES, FL 34101-8478



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3657347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDCASTLE COMMUNITY MANAGEMENT, INC.
1719 TRADE CENTER WAY, STE 4
NAPLES, FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME JOHNSON, GIL ☒ Delete
STREET ADDRESS 175 5TH AVENUE SOUTH, #202
CITY-ST-ZIP NAPLES, FL 34102

TITLE PD
NAME Chip Harris ☐ Change ☒ Addition
STREET ADDRESS 175 5th Ave South, # 203
CITY-ST-ZIP Naples, FL 34102

TITLE VD
NAME TATE, DEE DEE ☐ Delete
STREET ADDRESS 175 5TH AVENUE SOUTH, #201
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BERRY, GLENN D ☐ Delete
STREET ADDRESS 175 5TH AVENUE SOUTH, #204
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BEVINS, DON ☐ Delete
STREET ADDRESS 175 5TH AVENUE SOUTH, #107
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HAUCK, ELIZABETH ☐ Delete
STREET ADDRESS 175 5TH AVENUE SOUTH, #206
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06

239-596-7200