2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
04-22-2008 90019 033 ****61.25

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1. Entity Name
FIFTH AVENUE VILLAS & TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

66011199

Principal Place of Business	Mailing Address
318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695	318 FIFTH AVENUE NO SAFETY HARBOR, FL 34695

04072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3619373
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, ERIC
330 5TH AVE NORTH
SAFETY HARBOR, FL 34695

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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 _____ DATE
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREGORY, ALICIA
STREET ADDRESS	318 5TH AVE NO
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VD
NAME	CAREW, RONALD P
STREET ADDRESS	320 FIFTH AVE NO
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	TD
NAME	GREGORY, ERIC D
STREET ADDRESS	318 5TH AVE N
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Eric D R 5/17/08 813-679-9366
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #