

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005481

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

316 FIFTH AVENUE NO  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

316 FIFTH AVENUE NO  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 59-3619373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRD, ROSEMARIE  
316 5TH AVE NORTH  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BYRD, ROSEMARIE  
**Address:** 316 5TH AVE NO  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** VD  
**Name:** CAREW, SANDRA BYRD  
**Address:** 320 FIFTH AVE NO  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** TD  
**Name:** GREGORY, ERIC D  
**Address:** 318 5TH AVE N  
**City-St-Zip:** SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSEMARIE BYRD

PD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date