


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91148 024 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5.

55048215

DOCUMENT # N99000005481			
1. Entity Name FIFTH AVENUE VILLAS & TOWNHOMES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 800 MOSS AVENUE CLEARWATER FL 33759		Mailing Address 800 MOSS AVENUE CLEARWATER FL 33759	
2. Principal Place of Business 318 Fifth Avenue No.		3. Mailing Address 318 Fifth Avenue No.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Safety Harbor, FL		City & State Safety Harbor, FL	
Zip 34695		Country USA	
4. FEI Number 59-3619373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARC A.B. SILVERMAN, ESQUIRE 509 S. GREENWOOD AVENUE CLEARWATER FL 33756		7. Name and Address of New Registered Agent Barbara S. Johnston 350 5th Avenue, No. Safety Harbor, FL 34695	
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 <i>Barbara S. Johnston</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Barbara S. Johnston</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	STD BARRETT, JEFF 800 MOSS AVENUE CLEARWATER FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Lynn O. Coover 318 Fifth Ave., No. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ZACCHIGNA, RICK 800 MOSS AVENUE CLEARWATER FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director Ronald P. Carew 320 Fifth Ave., No. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, ROGER S 1007 SOUTH BAYSHORE BLVD. #208 SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Director Barbara S. Johnston 350 Fifth Ave., No. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Barbara S. Johnston</i>		REQUIRED 4-28-03 727/723-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)