Current Prin	ncipal Place of Business:			
318 FIFTH AVE	-			
SAFETY HARB				
Current Mai	ling Address:			
318 FIFTH A SAFETY HA	VENUE NO RBOR, FL 34695 US			
FEI Number: 59-3619373			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SMILEY, RICH/ 318 5TH AVE N SAFETY HARB				
The above name	d anditu automita dhia atatanaant fan dha numaaa af ahannina ita na			
The above named	l entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flor	ida.
	E: RICHARD SMILEY	gistered office or regis	tered agent, or both, in the State of Flor	^{ida.} 01/26/2020
		gistered office or regis	terea agent, or both, in the State of Flor	
	Electronic Signature of Registered Agent	jistered office or regis	tered agent, or both, in the State of Fior	01/26/2020
SIGNATURE	Electronic Signature of Registered Agent	Jistered office or regis	TD	01/26/2020
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			01/26/2020
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent	Title	TD	01/26/2020
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PD SMILEY, RICHARD	Title Name Address	TD HINKLE, SHARI	01/26/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SMILEY, RICHARD 318 FIFTH AVENUE NO	Title Name Address	TD HINKLE, SHARI 350 5TH AVE N	01/26/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SMILEY, RICHARD 318 FIFTH AVENUE NO	Title Name Address	TD HINKLE, SHARI 350 5TH AVE N	01/26/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SMILEY, RICHARD 318 FIFTH AVENUE NO	Title Name Address	TD HINKLE, SHARI 350 5TH AVE N	01/26/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SMILEY, RICHARD 318 FIFTH AVENUE NO	Title Name Address	TD HINKLE, SHARI 350 5TH AVE N	01/26/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SMILEY, RICHARD 318 FIFTH AVENUE NO	Title Name Address	TD HINKLE, SHARI 350 5TH AVE N	01/26/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FIFTH AVENUE VILLAS & TOWNHOMES HOMEOWNERS

DOCUMENT# N99000005481

ASSOCIATION, INC.

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: RICHARD SMILEY

PRESIDENT

01/26/2020

FILED Jan 26, 2020

Secretary of State

1597719056CC

Electronic Signature of Signing Officer/Director Detail