

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13044

1. Entity Name

FIFTH AT PARK PLAZA CONDOMINIUM ASSOCIATION, INC

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90682 007 ****61.25

0047949

Principal Place of Business

Mailing Address

C/O STUART O. KAYE
649 FIFTH AVE. SOUTH
NAPLES FL 34102

C/O JIM SMITH
791 5TH AVE SOUTH
NAPLES FL 34102
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Jim Smith

3. Mailing Address

Suite, Apt. #, etc.
649 Fifth Ave. South

Suite, Apt. #, etc.

City & State
Naples, FL 34102

City & State

4. FEI Number
65-0052080

Applied For
Not Applicable

Zip Country

Zip Country

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

SMITH, JIM
791 5TH AVE SOUTH
NAPLES FL 34102

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KAYE, STUART O
649 5TH AVE S
NAPLES FL 34102 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, JIM
791 5TH AVE S
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Jim Smith
791 5th Ave. S.
Naples, FL 34102 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEPP, WILLIAM
655 FIFTH AVE S
NAPLES FL 34102 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
Stevens, David
3838 Tamiami Trail N., Suite 402
Naples, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kenneth I. Shevin, C
649 5th Ave. South
Naples, FL 34102 ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Smith, President 3/26/02 (239) 262-7215

Date

Daytime Phone #

CR2E037 (9/01)