




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90294 028 \*\*\*\*61.25

<b>DOCUMENT # N13044</b> 1. Entity Name <b>FIFTH AT PARK PLAZA CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business <b>C/O JIM SMITH 649 FIFTH AVE. SOUTH NAPLES, FL 34102</b>			Mailing Address <b>C/O JIM SMITH 791 5TH AVE SOUTH NAPLES, FL 34102 US</b>		
2. Principal Place of Business <b>649 Fifth Ave. S.</b>		3. Mailing Address <b>c/o Colonial Square Realty</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>1164 Goodlette Rd. North</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>65-0052080</b>	
Zip <b>34102</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, JIM 791 5TH AVE SOUTH NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>Wafaa Assaad</b> Street Address (P.O. Box Number is Not Acceptable) <b>790 Harbour Drive, Suite 2C</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Wafaa Assaad, President</b> </div> <div style="width: 20%; text-align: right;"> <b>4/15/05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD SMITH, LOIS E 791 5TH AVE. S. NAPLES, FL 34102</b> <input checked="" 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	<b>PSTD SMITH, JIM 791 5TH AVE S NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer/Dir. Smith, Jim 791 5th Ave. S. Naples, FL 34102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRAUN, PAULA L 717 LANDOVER CIRCLE, #101 NAPLES, FL 34104</b> <input checked="" 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	<b>President/Director Assaad, Wafaa 790 Harbour Drive, Ste. 2C Naples, FL 34103</b> <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	<b>Director Olson, Clifford A. 1164 Goodlette Road N. Naples, FL 34102</b> <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	
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.					
<b>SIGNATURE:</b> 			<b>Wafaa Assaad President</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/15/05 (239) 649-7001</b> <small>Date Daytime Phone #</small>		