


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44719** (5)

1. Corporation Name

**FIFTH AVENUE SOUTH ASSOCIATION, INC.**

Principal Place of Business

PO BOX 1282  
NAPLES FL 33939  
US

Mailing Address

PO BOX 1282  
NAPLES FL 34108-1282  
US



3. Date Incorporated or Qualified **08/14/1991** 3a. Date of Last Report **04/08/1996**

4. FEI Number **65-0522879** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**WAKELAND, DAVID F JR.**  
**3064 54TH TERRACE S.W.**  
**NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROOT, MOLLY</b>	1.2 NAME	<b>Diane Galella</b>
STREET ADDRESS	<b>862 5TH AVENUE S.</b>	1.3 STREET ADDRESS	<b>368 5th Ave S.</b>
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	1.4 CITY-ST-ZIP	<b>Naples FL 34102</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PFLEGER, KEVIN</b>	2.2 NAME	<b>Fran Montalvo</b>
STREET ADDRESS	<b>796 5TH AVE SOUTH</b>	2.3 STREET ADDRESS	<b>490 5th Ave S.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TENAGLIA, SAL</b>	3.2 NAME	
STREET ADDRESS	<b>824 5TH AVE S</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DISTASIO, PAT</b>	4.2 NAME	<b>Bill Boyajian</b>
STREET ADDRESS	<b>655 5TH AVE S</b>	4.3 STREET ADDRESS	<b>Port Royal Antique Jewelry</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	<b>Naples FL 34102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVING, ELLIE</b>	5.2 NAME	
STREET ADDRESS	<b>634 5TH AVE S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHARW, BARBARA</b>	6.2 NAME	<b>Jim Golden Gate Hwy</b>
STREET ADDRESS	<b>761 5TH AVE S</b>	6.3 STREET ADDRESS	<b>Naples, FL</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 9M 434 3382  
Date Daytime Phone # 0069555

CR2037 (9/96)