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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34106-1282 US

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 65-0522879
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

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 (81-85) fields including Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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: *Patricia Sharw* 4/9/97 941 434 3382
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069555

CRE037 (9/96)