

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90003 011 \*\*\*\*61.25

DOCUMENT # **N44719**

1. Corporation Name

**FIFTH AVENUE SOUTH ASSOCIATION, INC.**

Principal Place of Business

PO BOX 1282  
NAPLES FL 34106  
US

Mailing Address

PO BOX 1282  
NAPLES FL 34106  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/14/1991**

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

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

**FL**

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
THOMAS, CHARLIE  
405 5TH AVE S  
NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANKIEWICZ, FRAN  
490 5TH AVE S  
NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TENAGLIA, SAL  
824 5TH AVE S  
NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOYAJIAN, BILL  
PORT ROYAL ANTIQUE JEWELRY 705 5TH AVE S  
NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ANDEL, JANE  
1010 5TH AVE S (S-301)  
NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SPIRES, TIM  
2640 GOLDEN GATE PKWY SUITE 316  
NAPLES FL 34105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PE/D ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D/S  
Jan Ward  
800 5TH AVE S. STE. 201  
Naples, FL 34102 ☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
Christine Byol  
570 Park St.  
Naples, FL 34102 ☒ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
U/P D  
SPIRES, TIM  
9148 BONITA BL. R#205  
BONITA SPRING FL 34135 ☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TITLE REQUIRED**  
NAME OF SIGNING OFFICER OR DIRECTOR  
DATE  
Daytime Phone #

CR2E037 (11/98)