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Feb 13 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 # N93000004276 (2)

1. Corporation Name

FIFTH AVENUE SOUTH PROPERTY OWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

C/O WALTER JAMES SMITH
458 EIGHTH ST. SO.
NAPLES FL 33940

P.O. BOX 2091
458 EIGHTH ST. SO.
NAPLES FL 34102-6608
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

02/29/1996

4. FEI Number

65-0435956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fees 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

10. Name and Address of New Registered Agent

SMITH, WALTER JAMES
458 EIGHTH STREET SO
458 EIGHTH ST. SO.
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34102

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 PD
NAME SMITH, WALTER J
STREET ADDRESS 450 EIGHTH ST. SO.
CITY-ST-ZIP NAPLES FL 33939

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 458 Eighth Street South
1.4 CITY-ST-ZIP Naples, FL 34102

TITLE VPD
NAME YANSON, CHRISTOPHER P
STREET ADDRESS 550 FIFTH AVENUE SO
CITY-ST-ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LOSKILL, JAMES
STREET ADDRESS C/O BARNETT BANK OF NAPLES, 796 FIFTH AVE
CITY-ST-ZIP NAPLES FL

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

TITLE SD
NAME BARR, JACQUE
STREET ADDRESS P.O. BOX 917 N/A
CITY-ST-ZIP NAPLES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WYNN, TIMOTHY
STREET ADDRESS C/O WYNN'S FAMILY MARKET 796 FIFTH AVE SO
CITY-ST-ZIP NAPLES FL 33940

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

Walter J. Smith

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 941/262-7215

Date Daytime Phone # 0068455

CR2E037 (9/96)