

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N95000000393

1. Entity Name
FIFTH AVENUE PLAZA CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
410 5 AVE
INDIALANTIC, FL 32903 US

Mailing Address
C/O DAVID UNDERILL
3586 MARSHA LANE
VERO BEACH, FL 32967 US



02142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2432625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNDERHILL, DAVID
420 FIFTH AVENUE
INDIALANTIC, FL 32903

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME UNDERHILL, DAVID
STREET ADDRESS 420 5TH AVENUE
CITY-ST-ZIP INDIALANTIC, FL

TITLE STD
NAME BELL, SCOTT
STREET ADDRESS 205 ATLANTIC STREET
CITY-ST-ZIP MELBOURNE, FL

TITLE VD
NAME EVANS, ARTHUR F III
STREET ADDRESS 4107 PINWOOD RD
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/08/08-80053-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/27/08