

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 047 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N99000005481</b><br>1. Entity Name<br><b>FIFTH AVENUE VILLAS &amp; TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 |                                                                                        |  |
| Principal Place of Business<br><b>318 FIFTH AVENUE NO<br/>SAFETY HARBOR, FL 34695</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                                                  | Mailing Address<br><b>318 FIFTH AVENUE NO<br/>SAFETY HARBOR, FL 34695</b>                                                                                                                                       |                                                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        | 3. Mailing Address                                                               |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        | Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                        | City & State                                                                     |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                | Zip                                                                              | Country                                                                                                                                                                                                         | 01052006 Chg-NP CR2E037 (11/05)                                                                                                                                         |  |
| 4. FEI Number<br><b>59-3619373</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 | <b>\$8.75</b> Additional Fee Required                                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORNELIUS, SCOTT<br/>330 5TH AVE NORTH<br/>SAFETY HARBOR, FL 34695</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        |                                                                                  | 7. Name and Address of New Registered Agent<br>Name <b>ERIC GREGORY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>318 5TH AVE NORTH</b><br>City <b>Safety Harbor</b> FL Zip Code <b>34695</b> |                                                                                                                                                                         |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                 | <b>\$5.00</b> May Be Added to Fees                                                                                                                                      |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                    |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br><b>GREGORY, ALICIA</b><br><b>318 5TH AVE NO</b><br><b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete                |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br><b>CAREW, RONALD P</b><br><b>320 FIFTH AVE NO</b><br><b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br><b>CORNELIUS, SCOTT</b><br><b>330 5TH AVE NORTH</b><br><b>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | TD<br><b>ERIC D. GREGORY</b><br><b>318 5TH AVE NORTH</b><br><b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 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. |                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Alicia T. Gregory</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        |                                                                                  | <b>ALICIA T. GREGORY</b> 1-11-06 687-1461                                                                                                                                                                       |                                                                                                                                                                         |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                                                  | <small>Date Daytime Phone #</small>                                                                                                                                                                             |                                                                                                                                                                         |  |