

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 034 ***158.75

DOCUMENT # P97000086899
 1. Entity Name
 FIFTH AVENUE ASSOCIATES OF NAPLES, INC.



Principal Place of Business Mailing Address
 365 5TH AVE SO 365 5TH AVE. SO.
 STE 201 SUITE 201
 NAPLES, FL 34102 US NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3474539 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHEFFY, LOUIS W
 821 FIFTH AVENUE SOUTH
 SUITE 201
 NAPLES, FL 34102

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | ANTARAMIAN, JACK J |
| STREET ADDRESS | 365 5TH AVE SO STE 201 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | VICE PRESIDENT |
| NAME | THOMAS A. MACIVOR |
| STREET ADDRESS | 365 5TH AVE. SO, STE 201 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| 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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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 607, 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: *Thomas A. MacIvor* THOMAS A. MACIVOR, V.P. 4/10/06 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #