


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90041 041 ***158.75

DOCUMENT # P97000086899

1. Entity Name
FIFTH AVENUE ASSOCIATES OF NAPLES, INC.



Principal Place of Business Mailing Address

~~365 5TH AVE SO~~
~~STE 201~~
~~NAPLES, FL 34102~~ US

365 5TH AVE. SO.
 SUITE 201
 NAPLES, FL 34102 US


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3530 KRAFT ROAD
 SUITE 300
 NAPLES, FL 34105

3530 KRAFT ROAD
 SUITE 300
 NAPLES, FL 34105

Zip Country Zip Country

40096000 -



04182007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2007 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 | <input type="checkbox"/> Delete |
| NAME | ANTARAMIAN, JACK J | |
| STREET ADDRESS | 365 5TH AVE SO STE 201 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MACIVOR, THOMAS | |
| STREET ADDRESS | 365 5TH AVE SOUTH SUITE 201 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3530 KRAFT ROAD | |
| STREET ADDRESS | SUITE 300 | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3530 KRAFT ROAD | |
| STREET ADDRESS | SUITE 300 | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Jack J. Antaramian* Date: **4-24-07** Daytime Phone #: **239-434-0600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR