

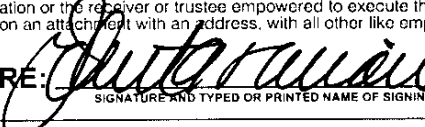


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 365 5TH AVE SO STE 201 NAPLES, FL 34102 US			Mailing Address 365 5TH AVE SO. SUITE 201 NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		3. Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 City & State		40096000 - 	
Zip 34105		Country US		4. FEI Number 59-3474539	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTARAMIAN, JACK J 365 5TH AVE SO STE 201 NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACIVOR, THOMAS 365 5TH AVE SOUTH SUITE 201 NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: 			Date 4-24-07		Daytime Phone # 239-434-0600