

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02996

1. Entity Name

FIFTH AVENUE TOWNHOUSES CONDOMINIUM ASSOCIATION,

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90026 018 ****61.25
 02-21-2000 90032 028 ****35.00

Principal Place of Business

Mailing Address

C/O DONALD DIRUSSO
 2363 CORAL POINT DRIVE
 CAPE CORAL FL 33990

C/O DONALD DIRUSSO
 2363 CORAL POINT DRIVE
 CAPE CORAL FL 33990-3812

2. Principal Place of Business

3. Mailing Address

c/o BIGLEY
 Suite, Apt. #, etc.
2657 8th AVENUE

c/o BIGLEY
 Suite, Apt. #, etc.
2657 8th AVENUE

City & State
ST. JAMES CITY

City & State
ST. JAMES CITY

4. FEI Number **59-2448317**

Applied For
 Not Applicable

Zip **33956** Country **LEE**

Zip **FL, 33956** Country **LEE**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIRUSSO, DONALD
 2363 CORAL POINT DR.
 CAPE CORAL FL 33990

Name **JOSEPH S. BIGLEY**
 Street Address (P.O. Box Number is Not Acceptable)
2657 8th AVENUE
 City **ST. JAMES CITY** FL Zip Code **33956**

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.

SIGNATURE *Joseph S. Bigley* DATE **1-31-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIRUSSO, DONALD 2363 CORAL POINT DR. CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIRUSSO, SHIRLEY 2363 CORAL POINT DR CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRUSSO, DOMINIC 502 #1 S.E. 43RD ST. CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR JOSEPH S. BIGLEY 2657-8 th AVENUE ST. JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIRECTOR DIANE R. BIGLEY 2657-8 th AVENUE ST. JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT BATTISTI 4302 SE 5 th AVE #2 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *Joseph S. Bigley* PRESIDENT JOSEPH S. BIGLEY 1-31-2000 & (941)282-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)