2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State
03-08-2005 90170 025 ****70.00

DOCUMENT # N02996

1. Entity Name

FIFTH AVENUE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ~~BIGLEY~~ BIANCO 2657 8TH AVENUE SAINT JAMES CITY FL 33956	C/O ~~BIGLEY~~ BIANCO 2657 8TH AVENUE SAINT JAMES CITY FL 33956

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
742 NERITA STREET	742 NERITA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SANIBEL, FL	SANIBEL, FL.
Zip: 33957 Country: USA	Zip: 33957 Country: USA

4. FEI Number: 59-2448317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIGLEY, JOSEPH S 2657 8TH AVENUE SAINT JAMES CITY FL 33956	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 $61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BIGLEY, JOSEPH S 2657 8TH AVENUE SAINT JAMES CITY FL 33956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIGLEY, DIANE R 2657 8TH AVENUE SAINT JAMES CITY FL 33956	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANTHONY BIANCO 742 NERITA STREET SANIBEL, FL 33957	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, GUNTHER 2655 8TH AVENUE SAINT JAMES CITY FL 33956	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHELLE OCLIRAN 9360 ALEXANDER Ct. #504 FT. MYERS, FL 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 3-31-05 239-282-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #