

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-08-2001 90093 023 ****61.25

DOCUMENT # N02996

1. Entity Name

FIFTH AVENUE TOWNHOUSES CONDOMINIUM ASSOCIATION,

Principal Place of Business

C/O BIGLEY
 2657 8TH AVENUE
 SAINT JAMES CITY FL 33956

Mailing Address

C/O BIGLEY
 2657 8TH AVENUE
 SAINT JAMES CITY FL 33956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

SIGNATURE

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 PD ☐ Delete
 NAME BIGLEY, JOSEPH S
 STREET ADDRESS 2657 8TH AVENUE
 CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE D. ☐ Change ☒ Addition
 NAME GUNTHER SCHWARTZ
 STREET ADDRESS 2655 8TH AVENUE
 CITY-ST-ZIP ST. JAMES CITY, FL 33956

TITLE SD ☐ Delete
 NAME BIGLEY, DIANE R
 STREET ADDRESS 2657 8TH AVENUE
 CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME BATTISTI, ROBERT
 STREET ADDRESS 4302 SW 5TH AVE #2
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)