## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N02996**

1. Entity Name

## FIFTH AVENUE TOWNHOUSES CONDOMINIUM ASSOCIATION.



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90304 022 \*\*\*\*61.25

**FILED** 

INC.		
Principal Place of Business	Mailing Address	
C/O BIGLEY 2657 8TH AVENUE SAINT JAMES CITY FL 33956	C/O BIGLEY 2657 8TH AVENUE SAINT JAMES CITY FL 33956	
2. Principal Place of Business	3 Mailing Address	

i micipai i la	ce of pasifiess	IVIAIIII	ig Address							
2657 8TH AVENUE 2657			C/O BIGLEY 2657 8TH AVENUE SAINT JAMES CITY FL 33956  B. Mailing Address  Suite, Apt. #, etc.			 	<b>.</b> 15 <b>610</b> 5 <b>0</b> 130 10316 0113 030		<b>810</b> 11 <b>910</b> 11 1101	
		☐ CHECK HERE IF MAKING CHANGES								
City & State		С	City & State			4. FEI Number 59-2448317			Applied For Not Applicable	7
Zip	Country	Zip		Country		5. Certificate of Star	5 Certificate of Status Desired			€
	6. Name and Address of Current	Register	ed Agent		<u> </u>	7. Name and Addre	ess of New Registe	Fee Requ		$\dashv$
			<b>3</b>		Name					1
BIGLEY.	JOSEPH S				Ctroot Addro	on (BO, Boy Number is Ale	+ A = = = + +   = \		<u> </u>	
	H AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
SAINT JA	AMES CITY FL 33956									1
					City			Zip Co	ode	$\dashv$
								FL Zip Ci		_
the obliga	e named entity submits this statement for tions of registered agent.	or the purp	oose of changing its i	registere	ed office or regis	stered agent, or both, in th	e State of Florida. I	am familiar wit	h, and accept	
										İ
SIGNATURE	••									}
JIGINATURE .	Signature, typed or printed name of registered agent	and title if ap	olicable. (NOTE:	Registered	Agent signature requ	uired when reinstating)	DA	NTE .		
<u>.</u> ,					-					$\dashv$
FILE NUW: FEE 15 391.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				┨
TITLE	PD		☐ Delete	TITLE				☐ Change	Addition	<u></u> 8
NAME	BIGLEY, JOSEPH S			NAME						, 0/01)
STREET ADDRESS	2657 8TH AVENUE				ET ADDRESS					3
CITY-ST-ZIP	SAINT JAMES CITY FL 33956			CITY-	·ST-ZIP	<del></del>				CR2F037
TITLE	SD PICETY DIAME D		☐ Delete	TITLE				☐ Change	Addition	B
NAME expect approprie	BIGLEY, DIANE R 2657 8TH AVENUE			NAME						
STREET ADDRESS CITY-ST-ZIP	SAINT JAMES CITY FL 33956			4	ET ADDRESS ST-ZIP					
	D			+					<u></u>	_
TITLE NAME	SCHWARTZ, GUNTHER		☐ Delete	TITLE NAME				☐ Change	Addition	-
STREET ADDRESS	2655 8TH AVENUE				T ADDRESS					ĺ
CITY-ST-ZIP	SAINT JAMES CITY FL 33956				ST-ZIP					
TITLE	5. 11. 17 WILL STILL I B 50000		Delete	TITLE				☐ Change	☐ Addition	$\vdash$
	l		La Delete	IIILE	l l					1

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.

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BULLE REQUIRED

239-282-5576 1-26-03

☐ Change

☐ Change

Addition

☐ Addition