

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 742133**

1. Entity Name  
**THE 221-229 SECOND AVENUE NORTH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**227 SECOND AVE. N  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**227 SECOND AVE. N  
SAINT PETERSBURG, FL 33701**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1840155**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REUSS, RONALD  
227 SECOND AVENUE N.  
ST PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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

*Ronald L. Reuss*  
Signature, typed or printed name of registered agent and title if applicable

*Ronald L. Reuss*  
(NOTE: Registered Agent signature required when reappointing)

*1/19/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JENKINS, DAVE
STREET ADDRESS	333 3RD AVE. N., #400
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	STRICKLAND, JOSEPH
STREET ADDRESS	225 SECOND AVE. N.
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	REUSS, RONALD L
STREET ADDRESS	227 2ND AVE., NORTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000396674  
01/30/06-80018-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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 prior line empowered.

SIGNATURE:

*Ronald L. Reuss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/06* *727 895-2504*  
Date Daytime Phone