## 2007 NOT-FOR-PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 16, 2007 08:00 AN **DOCUMENT #742133** Secretary of State 1. Entity Name THE 221-229 SECOND AVENUE NORTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 227 SECOND AVE. N 227 SECOND AVE. N SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 01042007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1840155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REUSS, RONALD DO NOT WRITE 227 SECOND AVENUE N. ST PETERSBURG, FL 33701 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 Signature, typed or grinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 **ÖFFICERS AND DIRECTORS** 10. D 33313 JENKINS, DAVE NAME STREET ADDRESS 333 3RD AVE. N., #400 (M0000586591 01/16/07-80059-007 61.25 CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STRICKLAND, JOSEPH STREET ADDRESS 225 SECOND AVE. N. SAINT PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME REUSS, RONALD L STREET ADDRESS 227 2ND AVE., NORTH DO NOT WRITE CITY-ST-ZIP SAINT PETERSBURG, FL 33701 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplier ential 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 reportion of the report is 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 attachy

SIGNATURE:

NAME STREET ADDRESS CHTY-S1-ZIP