

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

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90224 023 ****61.25

DOCUMENT # N04000006175

1. Entity Name
YBOR VILLAGE LOFTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**402 APPLEROUTH LANE
KEY WEST FL 33040**

Mailing Address
**402 APPLEROUTH LANE
KEY WEST FL 33040**

2. Principal Place of Business
1128 Flagler Ave
Suite, Apt. #, etc.

3. Mailing Address
1128 Flagler Ave
Suite, Apt. #, etc.

City & State
Key West FL

City & State
Key West FL

Zip
33040

Country
Mexico

Zip
33040

Country
Mexico

4. FEI Number
20-2013564

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SIRECI, THOMAS J JR.
402 APPLEROUTH LANE
KEY WEST FL 33040**

7. Name and Address of New Registered Agent
Name
Sireci, Thomas J Jr
Street Address (P.O. Box Number is Not Acceptable)
1128 Flagler Ave
City
Key West
FL Zip Code
33040

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 *Thomas J Sireci*
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
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 SIRECI, THOMAS J JR. 402 APPLEROUTH LANE KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas J Sireci* **Thomas J Sireci Jr** *President*
Signature and typed or printed name of signing officer or director Date **2-28-05** Daytime Phone # **305-2547860**