## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003134

FILED Jan 05, 2006 Secretary of State

Entity Name: CITILOFTS TOWNHOMES OF YBOR ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1313 GRAY STREET 1404 E. 4TH AVENUE TAMPA, FL 33606 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 1313 GRAY STREET 1404 E. 4TH AVENUE TAMPA, FL 33606 TAMPA, FL 33605 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, HARRY DUSTIN, LEACH 1313 GRAY STREET 1404 E. 4TH AVENUE TAMPA, FL 33605 TAMPA, FL 33606 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: DUSTIN LEACH 01/05/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change ( ) Addition COHEN, HARRY LEACH, DUSTIN Name: Name: 1313 GRAY STREET Address: 1404 E. 4TH AVE. Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33605 Title: () Delete Title: DV (X) Change ( ) Addition CHRISTEN, MARISSA Name: EBUEN, ERIC Name: Address: 1313 GRAY STREET Address: 1412 E. 4TH AVE. City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33605 Title: DST () Delete Title: (X) Change ( ) Addition COHEN, HARLEY PACKING-EBUEN, JENNIFER Name: Name: 1313 GRAY STREET Address: Address: 1412 E. 4TH AVE City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33605 ( ) Change (X) Addition Title: () Delete Title: DT Name: Name: WINTER, JAY Address: Address: 1402 E. 4TH AVE. City-St-Zip: City-St-Zip: TAMPA, FL 33605 Title: () Delete Title: DB ( ) Change (X) Addition SCHMALZ, MARK Name: Name: 1420 E. 4TH AVE. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33605 Title: () Delete Title: ( ) Change (X) Addition HORN, MICHAEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1410 E. 4TH AVE. TAMPA, FL 33605

SIGNATURE: DUSTIN LEACH DP 01/05/2006

Address:

City-St-Zip: