2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N05000007758

Entity Name: CITILOFTS FIFTH AVENUE TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1503-B E 5TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1503-B E 5TH AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-3239109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARNSWORTH, KELLI
1503-B AE 5TH AVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LONNEY, KARL
Address: 1503 E 5THAVE
City-St-Zip: TAMPA, FL 33605

Title: VPD ( ) Delete
Name: FARNSWORTH, KELLI
Address: 1503-B E 5TH AVE
City-St-Zip: TAMPA, FL 33605

Title: STD ( ) Delete
Name: HALL (TREY), FRANCIS
Address: 1503-A E 5TH AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LUNNEY, KARL
Address: 1503 E 5THAVE
City-St-Zip: TAMPA, FL 33605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KARL LUNNEY PTSD 04/24/2007

Electronic Signature of Signing Officer or Director — Date