

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005087

FILED
Jan 24, 2009
Secretary of State

Entity Name: 4TH AVENUE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1914 E 4TH AVENUE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 76396
TAMPA, FL 33675

New Mailing Address:

FEI Number: 65-1279129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNUEPPEL, THOMAS C
2002 E 5TH AVE # 213
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: P () Delete
Name: SIRECI, MATTHEW R
Address: 2402 E 9TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: SIRECI, THOMAS J SR
Address: 1128 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SIRECI, MATTHEW R
Address: 2402 E 9TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: P (X) Change () Addition
Name: SIRECI, THOMAS J SR
Address: 1128 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: T () Change (X) Addition
Name: PORTER, TYLER
Address: 1914 E 4TH AVENUE # 3
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS C. KNUEPPEL

MGR

01/24/2009

Electronic Signature of Signing Officer or Director

Date