

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006375

FILED
Aug 09, 2007
Secretary of State

Entity Name: THE ARTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

801 CENTRAL AVE
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

801 CENTRAL AVE
ST PETERSBURG, FL 33701

New Mailing Address:

25 2ND STREET NORTH
SUITE 200
ST PETERSBURG, FL 33701

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA LLC
100 SE 2ND STREET SUITE 2090
MIAMI, FL 331312130 US

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: AVIRAM, JIMMY
Address: 25 2ND STREET NORTH SUITE 200
City-St-Zip: ST PETERSBURG, FL 33701

Title: VPD () Delete
Name: AZOGUI, ALBERT
Address: 25 2ND STREET NORTH SUITE 200
City-St-Zip: ST PETERSBURG, FL 33701

Title: STD () Delete
Name: AVIRAM, TAL
Address: 25 2ND STREET NORTH SUITE 200
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ANGIE CARLSON

OM

08/09/2007

Electronic Signature of Signing Officer or Director

Date