2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 31, 2006 08:00 AM **Secretary of State**

DOCUMENT # N1178	DOCI	MENT	# N	111	1781
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1. Entity Name

THE YBOR CITY BUSINESS CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business

1718 E. 7TH AVE.

SUITE 301 TAMPA, FL 33605 US Mailing Address

1718 E. 7TH AVE C/O MARK KELLY, SUITE 301 TAMPA, FL 33605 US



02142006 No Chg-NP

CR2E037 (11/05)

4,	FEI Number	
	NOT APPLICABLE	Ξ

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and	Address of Curren	t Registered Agent

KELLY, MARK F 1718 E. 7TH AVE. SUITE 301 TAMPA, FL 33605

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8. The above the obliga	e named entity submits this statement for the tions of registered agent	purpose of changing its regist	tered office or s	registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and in	le if applicable (NOTE: Regis	lered Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS	_i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLOWSKI, VINCENT R 1718 E 7TH AVE #201 TAMPA, FL 33605				
TITLE NAME STREET ADDRESS CHY-57-ZIP	D OLSEN, JOANNA 1722 E. 7TH AVE TAMPA, FL 33605				U00000487476 04/13/06-80075-015 61.29
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KELLY, MARK F 1718 E. 17TH AVE. STE. 301 TAMPA, FL. 33605			DO	NOT WRITE
TIFLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate application as signature shall have the same legal effect as if made under eath; that I am an officer or discolor of the corporation or the receiver or trusted 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 likes improved.

SIGNATURE:

STREET ADDRESS. CITY-ST-ZIP