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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11782

1. Corporation Name

THE 7TH AVENUE BUSINESS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

% MARK KELLY
1718 E 7TH AVE. STE. 301
TAMPA FL 33605
US

Mailing Address

% MARK KELLY
1718 E 7TH AVE. STE. 301
TAMPA FL 33605
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/29/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GUYTON, BARBARA
STREET ADDRESS 1726 E 7TH AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TSD
NAME KELLY, MARK F
STREET ADDRESS 1718 E 7TH AVE STE 301
CITY-ST-ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MCKEE, ROBERT
STREET ADDRESS 1718 E 7TH AVE, STE. 301
CITY-ST-ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD
NAME GUYTON, ROBERT
STREET ADDRESS 1726 E 7TH AVE.
CITY-ST-ZIP TAMPA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ROBERT SAITTA
STREET ADDRESS 1728 E 7TH AVE
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

2/24/99

(813) 248-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)