


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N11782

1. Entity 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUYTON, BARBARA 1726 E 7TH AVE. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD KELLY, MARK F 1718 E 7TH AVE STE 301 TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GUYTON, ROBERT 1726 E 7TH AVE. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT SAITTA 1726 E 7TH AVE TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/15/04-80059-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark F. Kelly 4/15/04 813-248-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #