

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 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**

03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: GUYTON, BARBARA STREET ADDRESS: 1726 E 7TH AVE. CITY-ST-ZIP: TAMPA, FL	<p>U00000260814                  03/19/05-80030-012 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE: TSD NAME: KELLY, MARK F STREET ADDRESS: 1718 E 7TH AVE STE 301 CITY-ST-ZIP: TAMPA, FL	
TITLE: VPD NAME: GUYTON, ROBERT STREET ADDRESS: 1726 E 7TH AVE. CITY-ST-ZIP: TAMPA, FL	
TITLE: D NAME: ROBERT SAITTA STREET ADDRESS: 1728 E 7TH AVE CITY-ST-ZIP: TAMPA, FL	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. 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 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: [Signature] DATE: 3/16/05 DAYTIME PHONE #: 813 2486400