

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 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**



04232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000937500  
05/27/08-80053-005 61.25

**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 1728 E 7TH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mark F Kelly* 4/29/08 813-248-6900