

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

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 045 ****61.25

DOCUMENT # N37515 1. Entity Name TYRONE FIFTH AVENUE APARTMENTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5900, 5908, 5912, 5916, 5924 5TH AVENUE NORTH ST. PETERSBURG, FL 33710 US		Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST PETERSBURG, FL 33702	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2870 Scherer Drive Suite 100 City & State St. Petersburg, FL Zip 33716 U.S.A.	
City & State St. Petersburg, FL		4. FEI Number 59-2376607	
Zip 33716		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent POLIAKOFF, BECKER & 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Cianfrone Joseph R. P.A. Street Address (P.O. Box Number is Not Acceptable) 1968 Bayshore Blvd. City Dunedin FL Zip Code 34628	
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 PA DATE <u>2/18/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALICKI, KIRK 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, TONY 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUFF, STEVE 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALICKI, LISA 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, JIM 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Pres. <u>2-5-08</u> <u>727-4605655</u> <small>Date Daytime Phone #</small>	