

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

**FILED  
Jun 28, 2005  
Secretary of State**

DOCUMENT# N50729

Entity Name: 6500 47TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6500-47TH STREET N  
SUITE # 5  
PINELLAS PARK, FL 337815955 US

**New Principal Place of Business:**

**Current Mailing Address:**

6500 47TH STREET NORTH  
SUITE # 5  
PINELLAS PARK, FL 337815955

**New Mailing Address:**

FEI Number: 59-3154509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALLACE, JAMES S  
6500 47TH ST. N  
SUITE # 5  
PINELLAS PARK, FL 34781 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLACE, JAMES S  
Address: 6500 47TH ST. N. UNIT # 5  
City-St-Zip: PINELLAS PARK, FL 33781

Title: DVP ( ) Delete  
Name: HARLAN, CROUCH  
Address: 6500 47TH ST. N. UNIT # 6  
City-St-Zip: PINELLAS PARK, FL 33781

Title: TR ( ) Delete  
Name: LISA, SINGER  
Address: 6500 47TH ST. N. UNIT # 7  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: CARLENE, WALLACE  
Address: 6500 47TH ST. N. UNIT # 5  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WALLACE

PD

06/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date