


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N99000005265</b><br>1. Entity Name<br><b>47TH STREET INDUSTRIAL-COMMERCIAL<br/>CONDOMINIUM ASSOCIATION, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1800 NORTHGATE BLVD., STE A8<br/>SARASOTA, FL 34234</b> | Mailing Address<br><b>1800 NORTHGATE BLVD., STE A8<br/>SARASOTA, FL 34234</b> |
|---|---|

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01152004 No Chg-NP CR2E037 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-0950739</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

8. Name and Address of Current Registered Agent

**J. GEOFFREY PFLUGNER  
2033 MAIN STREET  
SUITE 101  
SARASOTA, FL 34237**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COMPARETTO, MARIO<br>4647 STONERIDGE TRAIL<br>SARASOTA, FL 34232 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CASSATA, FRANK<br>200 WEST MAIN STREET<br>BABYLON, NY 11702      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCDONOUGH, DONALD<br>4647 STONERIDGE TRAIL<br>SARASOTA, FL 34232 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/23/04-80060-003 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)(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:** Mario Comparetto **MARIO COMPARETTO** 1/21/04 (941) 359-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #