

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000005265

1. Entity Name
47TH STREET INDUSTRIAL-COMMERCIAL
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1800 NORTHGATE BLVD., STE A8
SARASOTA, FL 34234

Mailing Address
1800 NORTHGATE BLVD., STE A8
SARASOTA, FL 34234

2. Principal Place of Business
1920 Northgate Blvd

Suite, Apt. #, etc.
Suite A-7

3. Mailing Address
1920 Northgate Blvd

Suite, Apt. #, etc.
Suite A-7

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip 34234 - Country

Zip 34234 - Country

6. Name and Address of Current Registered Agent

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

Name Mario L. Compartetto

Street Address (P.O. Box Number is Not Acceptable)
1920 Northgate Blvd

Suite A-7

City Sarasota

FL Zip Code 34234

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

Mario Compartetto

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	D COMPARRETTO, MARIO 4647 STONERIDGE TRAIL SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH, DONALD 4647 STONERIDGE TRAIL SARASOTA, FL 34232	<input type="checkbox"/> Delete	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
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
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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: *Mario Compartetto* Mario L. Compartetto 2/20/06 941-359-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #