


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90013 011 \*\*\*\*61.25

<b>DOCUMENT # N99000005265</b> 1. Entity Name <b>47TH STREET INDUSTRIAL-COMMERCIAL CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1800 NORTHGATE BLVD., STE A8 SARASOTA, FL 34234</b>		Mailing Address <b>1800 NORTHGATE BLVD., STE A8 SARASOTA, FL 34234</b>	
2. Principal Place of Business <b>1920 Northgate Blvd</b> Suite, Apt., #, etc. <b>Suite A-7</b> City & State <b>Sarasota, FL</b> Zip <b>34234</b> Country		3. Mailing Address <b>1920 Northgate Blvd</b> Suite, Apt., #, etc. <b>Suite A-7</b> City & State <b>Sarasota, FL</b> Zip <b>34234</b> Country	
4. FEI Number <b>65-0950739</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>J. GEOFFREY PFLUGNER 2033 MAIN STREET SUITE 101 SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name <b>Mario L. Comparetto</b> Street Address (P.O. Box Number is Not Acceptable) <b>1920 Northgate Blvd</b> <b>Suite A-7</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34234</b>	
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 <u><i>Mario L. Comparetto</i></u> DATE <u>2/20/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COMPARETTO, MARIO 4647 STONERIDGE TRAIL SARASOTA, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MCDONOUGH, DONALD 4647 STONERIDGE TRAIL SARASOTA, FL 34232</b>	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: <u><i>Mario L. Comparetto</i></u> <b>Mario L. Comparetto</b> <u>2/20/06</u> <u>941-359-1800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			