

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N00258

Entity Name: WASHINGTON SQUARE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1207 N HIMES  
SUITE 3  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1207 N HIMES  
SUITE 3  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 59-2374584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNIQUE PROPERTY SERVICE, INC.  
1207 N HIMES  
SUITE 3  
TAMPA, FL 33607 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: STEINER, ALEX  
Address: 5120 E. TEMPLE HTS RD #C  
City-St-Zip: TAMPA, FL 33617

Title: VS ( ) Delete  
Name: BEKIEMPIS, DAVID  
Address: 13542 N FLORIDA AVE #213C  
City-St-Zip: TAMPA, FL 33613

Title: SD ( ) Delete  
Name: NEDJADI, ABDELKADER  
Address: 5116 C TEMPLE HTS RD  
City-St-Zip: TAMPA, FL 33617

Title: TD ( ) Delete  
Name: WESTHOFF, WAYNE W  
Address: P.O. BOX 47015  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: D (X) Change ( ) Addition  
Name: BEKIEMPIS, DAVID  
Address: 13542 N FLORIDA AVE #213C  
City-St-Zip: TAMPA, FL 33613

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

Title: VD (X) Change ( ) Addition  
Name: WESTHOFF, WAYNE W  
Address: P.O. BOX 47015  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Change (X) Addition  
Name: DIERKING, STEVE  
Address: 5134A TEMPLE HGTS. RD  
City-St-Zip: TAMPA, FL 33617

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: ALEX STEINER

PD

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date