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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

CITY-ST-ZIP

305 S. WESTLAND AVE B

305 S WESTLAND AVE.

tampa fl

BISHOP, KAREN

TAMPA FL 33606

765152

305 SOUTH WESTLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 905 S WESTLAND AVE., UNIT A 305 S WESTLAND AVE., UNIT A 3. Date Incorporated or Qualified TAMPA FL 33606 TAMPA FL 33606 09/22/1982 4. FEI Number Applied For 59-2234586 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 Name PULCINO, FRANK JR. Street Address (P.O. Box Number is Not Acceptable) 305 S WESTLAND AVE. A TAMPA FL 33606 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE tsd DELETE Change Addition 1.1 TITLE PULCINO, FRANK JR NAME 1.2 NAME 305 A S. WESTLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Addition SUAREZ, NEAL F NAME 2.2 NAME 305 S WESTLAND AVE 'D' STREET ADDRESS 2.3 STREET ADDRESS TAMPA, FL 00000 CITY ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition BRITT, ERLINDA

CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 officer or director of the corporation Block 12 or Block 13 if changed, or

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

3.3 STREET ADORESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE

Change

Change

Addition

Addition

☐ Addition

FILED

May 01 1998 8:00am

Secretary of State