2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

☐ Change

Addition

					•			
DOCUMENT # 765152 1. Entity Name 305 SOUTH WESTLAND CONDOMINIUM ASSOCIATION, INC.					1-18-2005 90049 01	9 ****61.	25	
Principal Place of Business 305 S WESTLAND AVE., UNITAC TAMPA, FL 33606		Mailing Address 305 S WESTLAND AVE., UNIT			40002432			
2.01.11	N	0 Mailin Adding	,					
2. Principal Place of Business 305 Westland Ave. S.		3. Mailing Address Same		1 10 11 10 12 12 13 14 14 15 15 15 15 15 15	1 1 10 1 0 0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005 C	hg-NP CR2E03	7 (10/03)		
City & State Tampa F1.		City & State		4. FEI Number 59-223458	4. FEI Number Applied For 59-2234586 Not Applied		-	
Zip 22/	Country	Zip	Country	5. Certificate of S		8.75 Addit		
200	06 USA				Fee Required			
	6Name and Address of Current F	▲ 7. Name and Add	7. Name and Address of New Registered Agent					
BISHOP, KAREN A								
305C WESTLAND AVE. S.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33606								
				-		Zip Code		
		<u> </u>	FL	The state of the s				
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								
Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	Florida Department of State			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN 1	0	
TITLE	PST	☐ Delete	TITLE	D, VP		☐ Change	Addition	
NAME	BISHOP, KAREN A		NAME	Neal Suare	7 04.0		^	
STREET ADDRESS	305C WESTLAND AVE. S.		STREET ADDRESS	305D WLS	tland mvt.s	•		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FI	. 33606		. /	
TITLE	D .	Delete	TITLE	$\mathcal{D}_{\mathcal{U}}$		Change	Addition	
NAME	PULCINO, FRANK	/\	NAME (Cathleen ti	rancoeur.	_ ′	`\	
STREET ADDRESS	305A WESTLAND AVE. S.	•	STREET ADDRESS	305A Wes	tland Ave.	$S \cdot$		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, F	1. 33606	1		
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BRITT, ERLINDA		NAME		- : - : - : - : - : -	-	_	
STREET ADDRESS	305 S. WESTLAND AVE B		STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET LODGE CO.	1		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
				<u> </u>				
TITLE	ì	☐ Delete	TITLE			Change	Addition	

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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP .

CITY-ST-ZIP

(aren A. Bishop SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR