## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003010

Entity Name: PARK WEST CONDOMINIUMS OF TAMPA, INC.

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2609 W. CLEVELAND ST. UNIT C TAMPA, FL 336093260

Current Mailing Address: New Mailing Address:

C/O NEIL SPECTOR, PRESIDENT
2609 W. CLEVELAND STREET UNIT C
TAMPA, FL 33609

C/O SCOTT PASSMORE, PRESIDENT
2609 W. CLEVELAND STREET UNIT C
TAMPA, FL 33609

FEI Number: 01-0694335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPECTOR, NEIL
1505 NORTH FLORIDA AVE.
TAMPA, FL 33602 US
PASSMORE, SCOTT
2609 W. CLEVELAND STREET
UNIT C
TAMPA, FL 33609 US

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: SCOTT PASSMORE 02/10/2004

Electronic Signature of Registered Agent Date

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

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:SPECTOR, NEILName:PASSMORE, SCOTTAddress:2609 W. CLEVELAND ST.-UNIT CAddress:2609 W. CLEVELAND ST.-UNIT C

City-St-Zip: TAMPA, FL 336093260 City-St-Zip: TAMPA, FL 336093260

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WAITE, TIMOTHY F
 Name:

 Address:
 2607 W. CLEVELAND ST.-UNIT A
 Address:

 City-St-Zip:
 TAMPA, FL 336093259
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 ROBBINS, KENNETH J
 Name:
 SKVERSKY, CAREN J

 Address:
 2609 W. CLEVELAND ST.-UNIT A
 Address:
 2607 W. CLEVELAND STREET,

 City-St-Zip:
 TAMPA, FL 336093260
 City-St-Zip:
 TAMPA, FL 336093259

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: TIMOTHY F. WAITE TD 02/10/2004