2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003010

Entity Name: PARK WEST CONDOMINIUMS OF TAMPA, INC.

FILED Apr 12, 2005 Secretary of State

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

2609 W. CLEVELAND ST. 2609 W. CLEVELAND STREET

UNIT C UNIT C

TAMPA, FL 336093260 TAMPA, FL 336093260

Current Mailing Address: New Mailing Address:

C/O SCOTT PASSMORE, PRESIDENT C/O SCOTT G. PASSMORE, PRESIDENT 2609 W. CLEVELAND STREET UNIT C 2609 W. CLEVELAND STREET UNIT C

TAMPA, FL 33609 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:

PASSMORE, SCOTT PASSMORE, SCOTT G 2609 W. CLEVELAND STREET 2609 W. CLÉVELAND STREET

UNIT C UNIT C TAMPA, FL 33609 US 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 G. PASSMORE 04/12/2005

> Electronic Signature of Registered Agent Date

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

() Delete (X) Change () Addition

PASSMORE, SCOTT PASSMORE, SCOTT G Name: Name: 2609 W. CLEVELAND ST.-UNIT C Address: 2609 W. CLEVELAND STREET UNIT C Address:

TAMPA, FL 336093260 TAMPA, FL 336093260

City-St-Zip: City-St-Zip:

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

WAITE, TIMOTHY F Name: WAITE, TIMOTHY F Name: Address: 2607 W. CLEVELAND ST.-UNIT A Address:

2607 W. CLEVELAND STREET UNIT A City-St-Zip: TAMPA, FL 336093259

TAMPA, FL 336093259 City-St-Zip:

Title: () Delete Title: (X) Change () Addition SKVERSKY, CAREN J SKVERSKY, CAREN J Name: Name:

2607 W. CLEVELAND STREET UNIT C Address: 2607 W. CLEVELAND STREET, Address:

City-St-Zip: TAMPA, FL 336093259 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: SCOTT G. PASSMORE PD 04/12/2005