

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003010

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** PARK WEST CONDOMINIUMS OF TAMPA, INC.

**Current Principal Place of Business:**

2609 W. CLEVELAND STREET  
UNIT C  
TAMPA, FL 336093260

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 01-0694335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASSMORE, SCOTT G  
2609 W. CLEVELAND STREET  
UNIT C  
TAMPA, FL 33609 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: WAITE, TIMOTHY F  
Address: 2607 W. CLEVELAND STREET UNIT A  
City-St-Zip: TAMPA, FL 336093260

Title: TD ( ) Delete  
Name: PASSMORE, SCOTT G  
Address: 2609 W. CLEVELAND STREET UNIT C  
City-St-Zip: TAMPA, FL 336093259

Title: SD ( ) Delete  
Name: SKVERSKY, CAREN R  
Address: 2607 W. CLEVELAND STREET UNIT C  
City-St-Zip: TAMPA, FL 336093259

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

TD

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date