2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N02000003010

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:

2609 W CLEVELAND STREET
UNIT C
TAMPA, FL 336093260

Current Mailing Address:

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

New Mailing Address:

2609 W CLEVELAND STREET
UNIT C
TAMPA, FL 336093260

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:

PASSMORE, SCOTT G
2609 W CLEVELAND STREET
UNIT C
TAMPA, FL 336093260 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: _____ 03/20/2009
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: PD (X) Change ( ) Addition
Name: PASSMORE, SCOTT G
Address: 2609 W CLEVELAND STREET UNIT C
City-St-Zip: TAMPA, FL 336093260

Title: TD (X) Change ( ) Addition
Name: PASSMORE, SCOTT G
Address: 2609 W CLEVELAND STREET UNIT C
City-St-Zip: TAMPA, FL 336093260

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

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 03/20/2009
Electronic Signature of Signing Officer or Director — Date