2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	N0200000301	O
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1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State
02-21-2003 90188 037 ****61.25

PARK W	EST CONDOMINIUMS OF TA	MPA, INC.						
Principal Place of Business 3239 HENDERSON BLVD TAMPA FL 33609 C/O NEIL SPECTOR. PRESIDENT 2609 W. CLEVELAND STREET U TAMPA FL 33609			DENT T UNIT C			70 (1877 ABIIL BBI) I BB/II B	Titt ande stee en e	11 6 11 6613 1861
2. Principal Place of Business 2619 W. CLEVELAND ST. 3. Mailing Address								
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	· ·		□ c	HECK HERE IF MA	AKING CHANGES	S
City & State City & State City & State				4. FEI Number 01	-0694335		Applied For lot Applicable	
2ip 336	09-3260 Country USA	Zip	Country		5. Certificate of Sta	tus Desired	¢0.75	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Registe	•	
	المناها والمناه المناها المناه		Name	1511				
	, MICHAEL E		Street A	ddraee /P	SPECTUR. P.O. Box Number is Not Acceptable)			
	enderson blyd Fl 33609			50.5	NORTH	FLORIDA	AVE	
_	*		City 7	AMA	? <i>X</i>		FL Zip Coo	
8. The above the obligation of	re named entity submits this statement for ations of registered agent.	or the purpose of changing its re	egistered office or	registered	d agent, or both, in th	ne State of Florida.	TL 336 I am familiar with,	and accept
SIGNĀTURE	Allif South	NEIL SPECTI	PR.			2-1	7-03	
	Signature typed or printed name of registered agent	and title if applicable. (NOTE: P	Registered Agent signatu	re required w	hen reinstating)	D	ATE	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor		\$	55.00 May Be Added to Fees	Make Cl Florida De	neck Payable partment of	to State
10.	OFFICERS AND DIF	RECTORS	11.	AD	DDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS IN	L 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URETTE, MICHAEL E 3239 HENDERSON BLVD TAMPA FL 33609	i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D NE11 260	L SPECTURE 9 W. CLEVELI MPA FL 2	AND ST U	Change WITC	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URETTE, KAREN G 3239 HENDERSON BLVD TAMPA FL 33609	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-0 TIMO 2607	THY F. WA. W. CLEVELA PA FL 336	ITE NO ST. U	Change NIT A	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D AIDMAN, JENNIFER 3239 HENDERSON BLVD TAMPA FL 33609	62 Delete	NAME STREET ADDRESS CITY-ST-ZIP	2609	NETH J. RO 9 W. CLEVELA PA , FL 33	NJ ST. UN.		Addition
ITTLE VAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE://

2-17-03

813-229-0900