2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N04000000288

Entity Name: THE AWA CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6520 BAYSHORE BLVD
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 130167
TAMPA, FL 336810167

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, STEVE
6520 BAYSHORE BLVD
TAMPA, FL 33611 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: DPT ( ) Delete
Name: ALLEN, STEVE
Address: P.O.BOX 103167
City-St-Zip: TAMPA, FL 336810167

Title: VD ( ) Delete
Name: WILLIAMS, MARKE
Address: P.O.BOX 103167
City-St-Zip: TAMPA, FL 336810167

Title: SD ( ) Delete
Name: ALLEN, MATT
Address: 6520 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

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 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: STEVE ALLEN MGRM 04/26/2005
Electronic Signature of Signing Officer or Director — Date