

2008 NOT-FOR-PROFIT CORPORATIO ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 003 ****61.25

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



Principal Place of Business
6520 BAYSHORE BLVD
TAMPA, FL 33611

Mailing Address
8191 Blaikie Ct.
Sarasota, FL 34240

2. Principal Place of Business - No P.O. Box #
8191 Blaikie Ct.

3. Mailing Address
867 Shallow Run Rd

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34240

Country

6. Name and Address of Current Registered Agent

ALLEN, STEVE
6520 BAYSHORE BLVD
TAMPA, FL 33611

Williams, Leslie
867 Shallow Run Rd.
Sarasota, FL 34240

DEPARTMENT OF STATE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (your or printed name of registered agent and applicable) (NOTE: Registered Agent signature required when reinstating)

DATE 01/09/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT

NAME ALLEN, STEVE

STREET ADDRESS P.O. BOX 103167

CITY-ST-ZIP TAMPA, FL 336810167

TITLE VD

NAME WILLIAMS, MARK

STREET ADDRESS P.O. BOX 103167

CITY-ST-ZIP TAMPA, FL 336810167

TITLE SD

NAME ALLEN, MATT

STREET ADDRESS 6520 BAYSHORE BLVD

CITY-ST-ZIP TAMPA, FL 33611

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME Allen, Steve

STREET ADDRESS 6520 Bayshore Blvd.

CITY-ST-ZIP Tampa, FL 33611

TITLE

NAME Mark Williams

STREET ADDRESS 8191 Blaikie Ct.

CITY-ST-ZIP Sarasota, FL 34240

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, full or other like empowered.

SIGNATURE: [Signature]

DATE 1/7/08

Daytime Phone: (813) 766-6520