

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90013 008 \*\*\*\*70.00

**DOCUMENT # N12104**

1. Entity Name

DOWNTOWN WEST ASSOCIATION, INC.



Principal Place of Business

ATTN: GORDON J. SCHIFF  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

Mailing Address

ATTN: GORDON J. SCHIFF  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2771341

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

SCHIFF, GORDON J.  
400 NORTH TAMPA STREET  
SUITE 2300  
TAMPA FL 33602

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 ☐ Delete  
NAME DP  
STREET ADDRESS WEAVER, STEVE  
CITY-ST-ZIP 202 S PARKER ST  
TAMPA FL 33606

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS AVLON, JOHN J  
CITY-ST-ZIP 200 MEETING STREET, SUITE 405  
CHARLESTON SC 29401-2238

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PITTMAN, CHARLES W  
CITY-ST-ZIP 400 NORTH TAMPA STREET-#2300  
TAMPA FL 33602

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS STOELTZING, WILLIAM L  
CITY-ST-ZIP 420 W. KENNEDY BLVD.  
TAMPA FL 33606

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VAUGHN, RONALD  
CITY-ST-ZIP 401 W. KENNEDY BLVD.  
TAMPA FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Avlon

4-7-04

843-723-8996

Date

Daytime Phone #