2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N12104

Entity Name: DOWNTOWN WEST ASSOCIATION, INC.

Current Principal Place of Business:

ATTN: ELLEN M. MACFARLANE
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

ATTN: ELLEN M. MACFARLANE
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2771341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACFARLANE, ELLEN M
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: DP ( ) Delete
Name: WEAVER, STEVE
Address: 202 S PARKER ST
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete
Name: AVLON, JOHN J
Address: 200 MEETING STREET, SUITE 405
City-St-Zip: CHARLESTON, SC 294012238

Title: D ( ) Delete
Name: PITTMAN, CHARLES W
Address: 400 NORTH TAMPA STREET #2300
City-St-Zip: TAMPA, FL 33602

Title: DV ( ) Delete
Name: STOELTZING, WILLIAM L
Address: 420 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: VAUGHN, RONALD
Address: 401 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

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:

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 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: JOHN AVLON MGR 04/28/2006
Electronic Signature of Signing Officer or Director — Date