

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90027 045 \*\*\*\*61.25

**DOCUMENT # N98000005154**

1. Entity Name  
CF WEST LAKE CORPORATE CENTER ASSOCIATION,  
INC.



Principal Place of Business  
360 CENTRAL AVENUE  
SUITE 1570  
ST. PETERSBURG, FL 33701

Mailing Address  
360 CENTRAL AVENUE  
SUITE 1570  
ST. PETERSBURG, FL 33701

40051500



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3547267

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

OSPREY MANAGEMENT COMPANY  
360 CENTRAL AVENUE  
SUITE 1570  
ST. PETERSBURG, FL 33701

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME DIMARIO, JOSEPH A  
STREET ADDRESS ONE FINANCIAL PLAZA SUITE 2212  
CITY-ST-ZIP FT LAUDERDALE, FL 33394

TITLE P/D ☐ Change ☒ Addition  
NAME STROUD, J. MARK  
STREET ADDRESS 360 Central Avenue Suite 1570  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE VPD ☒ Delete  
NAME HYMAN, ROBERT  
STREET ADDRESS 220 E 42ND STREET 27 FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VPD ☐ Change ☒ Addition  
NAME MILLER, CATHARINE M.  
STREET ADDRESS 360 Central Avenue Suite 1570  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE STD ☒ Delete  
NAME KILGALLON, PAUL J  
STREET ADDRESS ONE FINANCIAL PLAZA SUITE 2212  
CITY-ST-ZIP FT LAUDERDALE, FL 33394

TITLE STD ☐ Change ☒ Addition  
NAME BATCHELER, LYNETTE J.  
STREET ADDRESS 360 Central Avenue Suite 1570  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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, with all other like empowered.

SIGNATURE:

*Lynette Batcheler, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

727-898-8500

LYNETTE BATCHELER, SECRETARY

Daytime Phone #