2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90019 010 ***150.00

DOCUMENT # P99000103449

1. Entity Name
BAY WEST AT TOWER PARK, INC.

Principal Place of Business	Mailing Address
1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234	1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234

66007381

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6222 Tower Lane	PO Box 2639
Suite, Apt. #, etc. B-3	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota FL
Zip 34240 Country	Zip 34230 Country

4. FEI Number 65-0965082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILLMAN, STACEY S
1920 NORTHGATE BLVD
SUITE 9-A
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6222 Tower Lane
Suite B.3
City Sarasota FL Zip Code 34240

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] Stacey Gillman 3-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILLMIN, JORDAN E 1920 NORTHGATE BLVD STE., A-9 SARASOTA, FL 34234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gillman, Jordan E. 6222 Tower Lane, B-3 Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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] 4/17/08 941 355 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #