

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2005  
Secretary of State**

DOCUMENT# N00000002927

Entity Name: THE GATES OF WESTSHORE, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

4421 W. FIG STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4420 W. GRAY STREET  
TAMPA, FL 33609

**New Mailing Address:**

4421 W. FIG STREET  
TAMPA, FL 33609

FEI Number: 59-3688320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

YORK, TODD  
4421 W. FIG ST  
TAMPA, FL 33609      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: TD ( ) Delete  
Name: HOPKINS, AMANDA  
Address: 4420 W. GRAY ST  
City-St-Zip: TAMPA, FL 33609

Title: PD ( ) Delete  
Name: YORK, TODD  
Address: 4421 W FIG STREET  
City-St-Zip: TAMPA, FL 33609

Title: SD ( ) Delete  
Name: GREEN, JESSICA  
Address: 4418 W. GRAY STREET  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: VACANT,  
Address: TBD  
City-St-Zip: TAMPA, FL 33609

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 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 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: TODD YORK

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PD

07/05/2005

\_\_\_\_\_ Date