


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000002927 1. Entity Name THE GATES OF WESTSHORE, A CONDOMINIUM, INC.	
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FILED
07 JUN -4 AM 10: 33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



04092007 Chg-NP CR2E037 (12/06)

Principal Place of Business 9300 N 16TH STREET 101 TAMPA, FL 33612	Mailing Address 9300 N 16TH STREET 101 TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box # 4416 W GRAY ST	3. Mailing Address 4416 W GRAY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
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4. FEI Number 59-3688320	Applied For <input type="checkbox"/> Not Applicable
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Zip 33609	Country HILLSBOROUGH	Zip 33609	Country HILLSBOROUGH
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WINFIELD, JANET 9300 N 16TH STREET 101 TAMPA, FL 33612	7. Name and Address of New Registered Agent Name: PAUL E. HEITZ LCAM Street Address (P.O. Box Number is Not Acceptable): 4416 W GRAY ST City: TAMPA FL Zip Code: 33609
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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: Paul S Heitz (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, BRANDEE 4419 WEST FIG STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition M/G/L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB 5 D WILLIAMS, TRAVIS 4415 WEST FIG STREET TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800104256038 06/12/07--01014--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CODE FOR DAN 4413 WEST FIG STREET TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul S Heitz DATE: 5/30/07 DAYTIME PHONE #: 813-349-3580