


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90029 038 \*\*\*\*61.25

<b>DOCUMENT # N48538</b>					
1. Entity Name WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4868 WEST BLVD CT. NAPLES, FL 34103 US			Mailing Address 2335 9TH ST N 505 NAPLES, FL 34103 US		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GULF VIEW PROPERTY MGMT 2335 9TH ST, N 505 NAPLES, FL 34103				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 _____ <small>Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when renouncing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JEROME J			NAME	
STREET ADDRESS	4870 WEST BLVD CT.			STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103			CITY- ST- ZIP	
TITLE	<del>PD</del> Treasurer	<input type="checkbox"/> Delete		TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMISAY, MICHELE			NAME	
STREET ADDRESS	4864 WEST BLVD CT			STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103			CITY- ST- ZIP	
TITLE	PD Secretary	<input type="checkbox"/> Delete		TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBGOOD, MOLLY			NAME	
STREET ADDRESS	4876 W BLVD CT			STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				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: <i>Michele Rene Demisay</i>				Date: 3-1-08 239-263-0737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Michele Rene Demisay</i>					