

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48538

FILED
Feb 01, 2009
Secretary of State

Entity Name: WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4868 WEST BLVD CT.
NAPLES, FL 34103 US

New Principal Place of Business:

4862 - 4874 WEST BLVD CT.
NAPLES, FL 34103 US

Current Mailing Address:

2335 9TH ST N
505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0336790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH ST N 505
NAPLES, FL 34103 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: PD () Delete
Name: BURKE, JEROME J
Address: 4870 WEST BLVD CT.
City-St-Zip: NAPLES, FL 34103 US

Title: TD () Delete
Name: DEMISAY, MICHELE
Address: 4864 WEST BLVD CT
City-St-Zip: NAPLES, FL 34103 US

Title: SD () Delete
Name: HOBGOOD, MOLLY
Address: 4876 W BLVD CT
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HOBGOOD, MOLLY
Address: 4868 WEST BLVD CT
City-St-Zip: NAPLES, FL 34103

Title: D () Change (X) Addition
Name: LEE, ROBERT E
Address: 4766 WEST BLVD CT
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELE DEMISAY

TD

02/01/2009

Electronic Signature of Signing Officer or Director

Date