

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

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006436

1. Entity Name
WEST SHORE RESIDENTIAL ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 37634
PENSACOLA, FL 32526-0634**

Mailing Address
**P.O. BOX 37634
PENSACOLA, FL 32526-0634**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3511057

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREUNKE, JUDY
5924 WESTSHORE DR.
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000951446
06/04/08-80034-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREUNKE, JIM
5924 WESTSHORE DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GREUNKE, JUDY
5924 WESTSHORE DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SINGLETON, ED
5928 SOMERSET
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TYLER, JOANN
5630 WESTSHORE DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEAVER, FRED
2112 SUNBURY DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOLF, JODY
5615 WESTSHORE MDR
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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:

Judith K Greunke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.08
Date

850.944.5102
Daytime Phone #