2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N97000006436

Entity Name: WEST SHORE RESIDENTIAL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 37634
PENSACOLA, FL 325260634

New Principal Place of Business:

5924 WESTSHORE DRIVE
PENSACOLA, FL 32526

Current Mailing Address:

P.O. BOX 37634
PENSACOLA, FL 325260634

New Mailing Address:

FEI Number: 59-3511057 **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:

GREUNKE, JUDY
5924 WESTSHORE DR.
PENSACOLA, FL 32526 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:	P	( ) Delete
Name:	GREUNKE, JIM	
Address:	5924 WESTSHORE DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	T	( ) Delete
Name:	GREUNKE, JUDY	
Address:	5924 WESTSHORE DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	( ) Delete
Name:	SINGLETON, ED	
Address:	5928 SOMERSET	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	S	( ) Delete
Name:	TYLER, JOANN	
Address:	5630 WESTSHORE DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	( ) Delete
Name:	WEAVER, FRED	
Address:	2112 SUNBURY DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	VP	( ) Delete
Name:	WOLF, JODY	
Address:	5615 WESTSHORE MDR	
City-St-Zip:	PENSACOLA, FL 32526	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JUDY GREUNKE, TREASURER MRS. 05/01/2009
Electronic Signature of Signing Officer or Director — Date