

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90001 005 ****61.25

DOCUMENT # 769993

1. Entity Name
THE WESTSHORE ALLIANCE, INC.



Principal Place of Business
**5444 BAY CENTER DRIVE, STE 115
WATERMARK 13
TAMPA, FL 33609 US**

Mailing Address
**5444 BAY CENTER DRIVE, STE 115
WATERMARK 13
TAMPA, FL 33609 US**

40050666



2. Principal Place of Business - No P.O. Box #

**3109 W Dr MLK Jr Blvd
Suite, Apt. #, etc.
Suite 140**

3. Mailing Address

**3109 W Dr MLK Jr Blvd
Suite, Apt. #, etc.
Suite 140**

02232007 Chg-NP CR2E037 (12/06)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-2330147

Applied For
Not Applicable

Zip
33607

Country
Hillsborough

Zip
33607

Country
Hillsborough

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

6. Name and Address of Current Registered Agent

**ROTELLA, RONALD
5444 BAY CENTER DR
SUITE 115
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3109 W Dr MLK Jr Blvd
Suite 140**

City
Tampa

FL Zip Code
33607

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **BUFFA, PAULA**
STREET ADDRESS **5444 BAY CTR DR- #115**
CITY- ST- ZIP **TAMPA, FL 33609**

TITLE **VPD** ☐ Delete
NAME **MECHANIK, DAVID**
STREET ADDRESS **5444 BAY CTR DR- #115**
CITY- ST- ZIP **TAMPA, FL 33609**

TITLE **MD** ☐ Delete
NAME **ROTELLA, RONALD T.**
STREET ADDRESS **5444 BAY CTR DR- #115**
CITY- ST- ZIP **TAMPA, FL 33609**

TITLE **TD** ☐ Delete
NAME **WESSMAN, JIM**
STREET ADDRESS **5444 BAY CTR DR- #115**
CITY- ST- ZIP **TAMPA, FL 33609**

TITLE **PD** ☒ Delete
NAME **COULTER, JAY**
STREET ADDRESS **5444 BAY CENTER DR - 115**
CITY- ST- ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **NP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3109 W Dr MLK Jr Blvd, Ste 140**
CITY- ST- ZIP **TAMPA FL 33607**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3109 W Dr MLK Jr Blvd, Ste 140**
CITY- ST- ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3109 W Dr MLK Jr Blvd, Ste 140**
CITY- ST- ZIP **TAMPA FL 33607**

TITLE **TD** ☐ Change ☒ Addition
NAME **WOODWARD, DAN**
STREET ADDRESS **3109 W Dr MLK Jr Blvd, Ste 140**
CITY- ST- ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RONALD T. ROTELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-289-5488