#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700006436

Entity Name: WEST SHORE RESIDENTIAL ASSOCIATION, INC.

**FILED** Apr 06, 2017 **Secretary of State** CC8417424698

## **Current Principal Place of Business:**

5924 WESTSHORE DRIVE PENSACOLA, FL 32526

### **Current Mailing Address:**

P.O. BOX 37634

PENSACOLA, FL 32526-0634 US

FEI Number: 59-3511057 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

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

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

#### Officer/Director Detail:

Title

GREUNKE, JIM

Name

5924 WESTSHORE DR Address

PENSACOLA FL 32526 City-State-Zip:

Title D

LAMA, MAURICE Name

Address 2103 SUNBURY

City-State-Zip: PENSACOLA FL 32526

Title D

NEWMAN, BRUCE Name

5610 WESTSHORE DRIVE Address

City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR

HARRISON, LORETTE Name

5813 WESTSHORE DRIVE Address

City-State-Zip: PENSACOLA FL 32526

Title

Name GREUNKE, JUDY

Address 5924 WESTSHORE DR

City-State-Zip: PENSACOLA FL 32526

Title S

Name TYLER, JOANN

Address 5630 WESTSHORE DR

PENSACOLA FL 32526 City-State-Zip:

Title VP

Name MARCINIAK, ED

Address 5780 WESTSHORE DR

City-State-Zip: PENSACOLA FL 32526

I hereby 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 all other like empowered.

SIGNATURE: JUDY GREUNKE

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/06/2017

Date