

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006436

Entity Name: WEST SHORE RESIDENTIAL ASSOCIATION, INC.**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	P
Name	GREUNKE, JIM
Address	5924 WESTSHORE DR
City-State-Zip:	PENSACOLA FL 32526

Title	T
Name	GREUNKE, JUDY
Address	5924 WESTSHORE DR
City-State-Zip:	PENSACOLA FL 32526

Title	D
Name	LAMA, MAURICE
Address	2103 SUNBURY
City-State-Zip:	PENSACOLA FL 32526

Title	S
Name	TYLER, JOANN
Address	5630 WESTSHORE DR
City-State-Zip:	PENSACOLA FL 32526

Title	D
Name	NEWMAN, BRUCE
Address	5610 WESTSHORE DRIVE
City-State-Zip:	PENSACOLA FL 32526

Title	VP
Name	MARCINIAK, ED
Address	5780 WESTSHORE DR
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	HARRISON, LORETTE
Address	5813 WESTSHORE DRIVE
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**TREASURER****04/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date