

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 008 ****61.25

DOCUMENT # 769993 1. Entity Name THE WESTSHORE ALLIANCE, INC.	
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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
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30033510



2. Principal Place of Business		3. Mailing Address		03142005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2330147	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROTELLA, RONALD 5444 BAY CENTER DR SUITE 115 TAMPA, FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYERS, STEVE 5444 BAY CTR DR- #115 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Buffa, Paula ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COEN, RANDY 5444 BAY CTR DR- #115 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD mechanik, David ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROTELLA, RONALD T. 5444 BAY CTR DR- #115 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESSMAN, JIM 5444 BAY CTR DR- #115 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COULTER, JAY 5444 BAY CENTER DR - 115 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone #