

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M98836** (3)

1. Corporation Name

WESTSHORE CLUB II CONDOMINIUM ACQUISITION CORPORATION



Principal Place of Business

Mailing Address

~~2420 ENTERPRISE RD~~
~~SUITE 105~~
~~CLEARWATER FL 34623~~

~~2420 ENTERPRISE RD~~
~~SUITE 105~~
~~CLEARWATER FL 34623~~

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **3040 GULF TO BAY BLVD**

2a. Mailing Address
26 **3040 GULF TO BAY BLVD**

4. FEI Number
38-2860888

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **#205**

Suite, Apt. #, etc.
27 **#205**

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

23 **CLEARWATER FL**

City **CLEARWATER FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34619** 25 Country **US**

29 Zip **34619** 30 Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSTON, WILLIAM G
C/O NSI MANAGEMENT INC
~~2420 ENTERPRISE RD STE 105~~
~~CLEARWATER FL 34623~~

81 Name **POSTON, WILLIAM G.**
82 Street Address (P.O. Box Number is Not Acceptable) **C/O NSI MANAGEMENT, INC.**
83 **3040 GULF TO BAY BLVD.**
84 City **CLEARWATER** 85 Zip Code **FL 34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William G. Poston

Print Name, Signature, and Date of Signature

3/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D O'NEILL, PATRICK J**
STREET ADDRESS **24715 FIVE MILE ROAD**
CITY-ST-ZIP **REDFORD MI**

TITLE ☐ DELETE
NAME **D O'NEILL, EDWARD J**
STREET ADDRESS **24715 FIVE MILE ROAD**
CITY-ST-ZIP **REDFORD MI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. O'Neill

PATRICK J. O'NEILL

3/1/96

313-534-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)