## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

Principal Place of Business 3040 GULF TO BAY BLVD.



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 10 1997 8:00am

Secretary of State

3/27/97 1-813-725-9537

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		Photo and bearing
DOCUMENT 1. Corporation Name	* M	9883

(3)

Mailing Address

3040 GULF TO BAY BLVD

## WESTSHORE CLUB II CONDOMINIUM ACQUISITION CORPOR **ATION**

205 CLEARWATER	FL 34619	205 CLE	Earwater fl 34610-43	318						
US	12 4010	US	PHILIPPING IN GROUP TO	010			3. Date Incorporated or Qualified 09/12/1988		ate of Last I 01/1996	' '
2. Principal F	lace of Business	2a.	Mailing Address				4. FEI Number	1 23/		Applied For
21		26					38-2860888			ot Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	0	}	City & State			,,	6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	28	Zip	Country			Trust Fund Contribution  8. This corporation has liability for i			to Fees
24	25	29		30	,			Yes [		s. 199.032,
	g. Name and Address of Curre	nt Regist	ered Agent		T		10. Name and Address of New Re-	alstered /	Agent	
	ston, william G			,	B1	Name				
C/O NSI MANAGEMENT INC 3040 GULF TO BAY BLVD. #205			ļ	82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
CLEARWATER FL 34619			,	83	- <del></del>					
					84	City	<del></del>	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statut	es the ab	OVE	a-named co	orporation submits this statement for the p		changing	its registered
office or i	registored agent, or both, in the Stati im familiar with, and accept the oblig	e of Florid	la. Such change was a	authorized	l by	the corpor	ation's board of directors. I hereby accept	it the app	ointment a	s registered
	in tarmar with, and accept the oblig	jations of,	Section 607.0505, FR	orida Siait	J(68	i.				
SIGNATURE	Signature, typied or profed name of registered ac	ent and little if	I applicable (NOT	E: Repistered	Ager	n) signature reg	ulred when re-instating)	DATE		
12.	OFFICERS AN			13.		<del>~ ~ ~ ~ · · · · · · · · · · · · · · · ·</del>	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TILE	D		DELETE	1.1 111	LE.				Change	☐ Addition
NAM:	O'NEILL, PATRICK J			1.2 NA	ME	į.				ļ
STREET ADDRESS	24715 FIVE MILE ROAD			1.3 STF	REET	ADDRESS				ļ
CITY-ST-ZIP	REDFORD MI			1.4 CIT		- (				
TILLE	D		DELETE.	21 7171					Change	Addition
NAME	O'NEILL, EDWARD J			2.2 NAI	ME	[				ĺ
STREET ADDRESS	24715 FIVE MILE ROAD					ADDRESS				
	REDFORD MI			2. 4 CI						ſ
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CHTY+ST+7IP				3.4. Cf		1				í
TILLE		***************************************	DELETE	4.1 1(1)					Change	Addition
NAME	<u> </u>			4. 2 NA		l			•-	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CIT						
TILLE			☐ DELETE	5.1 TIT					Change	Addition
NAME				52 NA						_
STREET ADDRESS						ADDRESS				
CHY-S1-7#				5.4 CIT						
TITLE			DELETE	6.1 TIT			11117		Change	Addition
NAME	}		<del>_</del> ·	6.2 NAJ		1				
STREET ADDRESS				l.		ADDRESS				
CITY ST-7/2	}			6.3 ST		1				
14 Ldo here	by certify that the information supple	ed with th	is filing does not qual	ity for the	AXA	motion state	ed in Section 119.07(3Xi), Florida Statute	s. I furthe	r certify the	at the
informatio	on indicated on this annual report or	suppleme	ental annual report is	true and a	ccu	irate and th	hat my signature shall have the same lega	effect as	if made u	inder oath; that
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 it 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 12 if changed or on a attachment of the anaddress.										

DIMECTOR