## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0000002927  1. Entity Name THE GATES OF WESTSHORE, A CONDOMINIUM, INC.					FILED 07 JUN -4 AM 10: 33			
Principal Place of Business Mailing Address 9300 N 16TH SIREET 9300 N 16TH 101 101 TAMPA, FL 33612 TAMPA, FL 33612			TH STREET		ALLAHASSEE, FLORIDA			
2. Principal Place of Busin 4416 w Suite, Apt. #, etc.	No P.O. Box #	3. Mailing Address 4414 CASA ST  Suite, Apt. #, etc.			04092007 Cha	-NP CR28	E037 (12/06)	
City & State	FL	L City & State			4. FEI Number 59-3688320		Ap No	plied For t Applicable
33409 6. Name	and Address of Current R	33609 egistered Agent	Lills DA	os/L	<ol> <li>Certificate of State</li> <li>Name and Address</li> </ol>	us Desired   Bass of New Register	\$8.75 Add Fee Required ad Agent	itional
WINFIELD, JANET 9300 N 16TH SPREET 101 TAMPA, FL 33612				7.7/6	P.O. Box Number is N	Acceptable) S	L Zacat	m
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 Signature, typed or printed name of registered agent and title if applicable. (Notice registered Agent signature required when reinstating)  DATE								
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND DIRE	ECTORS Delete	11.	A	ADDITIONS/CHANGE	S TO OFFICERS AND		
NAME WHITE, B	ST FIG STREET	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	74/5		☐ Change	☐ Addition
TITLE PB	5 D S, TRAVIS	Delete	TITLE NAME		Ĭ		☐ Change	Addition
STREET ADDRESS 4415 WEST FIG STREET CITY-SI-ZIP TAMPA, FL 33609			STREET ADDRESS CITY-ST-ZIP		800: 06/12/07-	104256 0101400:	;038 3 **61.2	25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F JORDAN WEST FIG MEST FIG		TITLE NAME STREET ADDRESS CHY-ST-ZIP				Change	Addition
TITLE NAME STREEF ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ 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 exemptions contained in Chapter 119, 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 fursing 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:  Date  Da								