

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003258
 1. Entity Name
 WEST SHORE PLAZA ASSOCIATION, INC.



Principal Place of Business
 1 RYANT BOULEVARD
 SEBRING, FL 33872

Mailing Address
 1 RYANT BOULEVARD
 SEBRING, FL 33872



04182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 59-2823555

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRANSUE, DONALD W
 1 RYANT BOULEVARD
 SEBRING, FL 33872

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1110000533965
 05/06/06-80143-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TRANSUE, DONALD W
STREET ADDRESS	1 RYANT BOULEVARD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	DVP
NAME	SANDERS, IRELAND E
STREET ADDRESS	74 TOWER STREET
CITY - ST - ZIP	LAKE PLACID, FL 33852
TITLE	DST
NAME	TRANSUE, MICHELE
STREET ADDRESS	1 RYANT BOULEVARD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 trustee empowered to execute this report as required by Chapter 817, 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: Donald W. Transue Date: 4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #