

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003258

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: WEST SHORE PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

4094 SANTA BARBARA DR  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

4094 SANTA BARBARA DR  
SEBRING, FL 33875

**New Mailing Address:**

FEI Number: 59-2823555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRANSUE, MICHELE  
4094 SANTA BARBARA DR  
SEBRING, FL 33875 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: TRANSUE, MICHELE  
Address: 1 RYANT BOULEVARD  
City-St-Zip: SEBRING, FL 33872

Title: DVP ( ) Delete  
Name: WALDON, KEATLEY DR  
Address: 13 RYANT BLVD  
City-St-Zip: SEBRING, FL 33872

Title: DS ( ) Delete  
Name: TRANSUE, DON II  
Address: 7200 GREESHORES DR  
City-St-Zip: AUSTIN, TX 78730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: TRANSUE, MICHELE  
Address: 4094 SANTA BARBARA DR  
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE TRANSUE

DPT

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date