

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-08-2004 90098 050 ****61.25

DOCUMENT # N03000007485					
1. Entity Name WEST SHORE VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 104 CYPRESS POINT E PENSACOLA, FL 32514			Mailing Address 104 CYPRESS POINT E PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Fee Number Applied For 20-1245005 Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIGDON, C R IV 104 CYPRESS POINT E PENSACOLA, FL 32514			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HIGDON, C R IV 104 CYPRESS POINT E PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
P HIGDON C R IV 104 CYPRESS POINT E PENSACOLA FL 32514					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____ 7/5/04 982 9800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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