



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HIGDON, C R IV 104 CYPRESS POINT E PENSACOLA, FL 32514		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGDON, C R IV 104 CYPRESS POINT E PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-24-6</u> Daytime Phone # <u>850-434-2700</u>



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1245005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80058-010 61.25