2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90223 010 ****61.25

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DOCUMENT # N04000003923

1. Entity Name
WESTSHORE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2506 S MACDILL AVE STE A TAMPA, FL 33629	2506 S MACDILL AVE STE A TAMPA, FL 33629

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3001 Executive Dr.	3001 Executive Dr
Suite, Apt. #, etc.: Suite 260	Suite, Apt. #, etc.: Suite 260
City & State: Clearwater, Florida	City & State: Clearwater, Florida
Zip: 33762 Country: USA	Zip: 33762 Country: USA

4. FEI Number: 20-1939504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYTS, JR., ANDREW J ESQUIRE
106 S TAMPANIA AVE STE 200
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name: Condominium Associates
Street Address (P.O. Box Number is Not Acceptable): 3001 Executive Drive
Suite 260
City: Clearwater FL Zip Code: 33762

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: Condominium Associates By Cyd Caldwell, VICE PRESIDENT 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, KERRY 2506 S MACDILL AVE STE A TAMPA, FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Christopher Hill 5305 Escena Court Tampa, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HUDSON, ALAN 2506 S MACDILL AVE STE A TAMPA, FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Brian Bonanno 5315 Escena Court Tampa, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LANDERS, JAMES F 2506 S MACDILL AVE STE A TAMPA, FL 33629	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joshua Cervi 5314 Escena Court Tampa FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ned Martin 5303 Point Pleasant Lane Tampa, FL 33611	☐ 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 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: [signature] 4-18-05 8137285898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #