

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 041 \*\*\*\*61.25

**DOCUMENT # N04000003923**

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



Principal Place of Business  
**3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER, FL 33762**

Mailing Address  
**3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER, FL 33762**

**40043536**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER, FL 33762**

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

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, 2006**

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 PD  
NAME HILL, CHRISTOPHER  
STREET ADDRESS 5305 ESCENA COURT  
CITY-ST-ZIP TAMPA, FL 33611

Delete

TITLE UPD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD  
NAME BONANNO, BRIAN  
STREET ADDRESS 5315 ESCENA COURT  
CITY-ST-ZIP TAMPA, FL 33611

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CERVI, JOSHUA  
STREET ADDRESS 5314 ESCENA COURT  
CITY-ST-ZIP TAMPA, FL 33611

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD  
NAME MARTIN, NED  
STREET ADDRESS 5303 POINT PLEASANT LANE  
CITY-ST-ZIP TAMPA, FL 33611

☐ Delete

TITLE PD  
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

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/23/06*  
Date

Daytime Phone #