2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003923

FILED Apr 22, 2009 Secretary of State

Entity Name: WESTSHORE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

3001 EXECUTIVE DR 5001 4TH ST. N. SUITE 260 SUITE A

CLEARWATER, FL 33762 ST. PETERSBURG, FL 33734

FEI Number: 20-1939504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DRIVE

SUITE 260

LANG & BROWN P.A.

5001 4TH ST. N.

SUITE A

CLEARWATER, FL 33762 US ST. PETERSBURG, FL 33734 US

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: SHAWN BROWN 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPD () Delete
 Title:
 P (X) Change () Addition

 Name:
 ODELL, PATRICK
 Name:
 ODELL, PATRICK

 Address:
 4713 JENNINGS BAY
 4713 JENNINGS BAY

Address: 4713 JENNINGS BAY Address: 4713 JENNINGS BAY
City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: TD () Delete Title: () Change () Addition Name: PHILLIPS, TRAVIS Name:

 Name.
 PRILLIPS, TRANS
 Name.

 Address:
 5315 ESCANA CT
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 GRONKA, CHRISTINE
 Name:

 Address:
 4707 JENNINGS BAY
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 ALFONSO, YORLAN
 Name:

 Address:
 5317 ESCENA CT
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 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: PATRICK ODELL P 04/22/2009