


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 042 \*\*\*\*61.25

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # N05000001373</b><br>1. Entity Name<br><b>WESTSHORE COMMUNITY DEVELOPMENT CORP.</b>   |   |   |  |   |   |
| Principal Place of Business<br><b>WATERMARK 13, 5444 BAY CENTER DR., # 115<br/>TAMPA, FL 33609</b>   |   |   |  | Mailing Address<br><b>WATERMARK 13, 5444 BAY CENTER DR., # 115<br/>TAMPA, FL 33609</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>3109 W Dr MLK Jr Blvd</b>   |   |   |  | 3. Mailing Address<br><b>3109 W Dr MLK Jr Blvd</b>   |   |
| Suite, Apt. #, etc.<br><b>Suite 140</b>  |   |   |  | Suite, Apt. #, etc.<br><b>Suite 140</b>  |   |
| City & State<br><b>TAMPA FL</b>  |   |   |  | City & State<br><b>TAMPA FL</b>  |   |
| Zip<br><b>33607</b>  |   | Country<br><b>Hillsborough</b>  |  | Zip<br><b>33607</b>  |   |
| Country<br><b>Hillsborough</b>   |   | 4. FEI Number<br><b>20-2923646</b>  |  |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><b>ROTELLA, RONALD T.<br/>WATERMARK 13, 5444 BAY CENTER DR., # 115<br/>TAMPA, FL 33609</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3109 W Dr MLK Jr Blvd</b><br><b>Suite 140</b><br>City<br><b>TAMPA</b> <b>FL</b> Zip Code<br><b>33607</b> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>ROTELLA, RONALD T.<br/>WATERMARK 13, 5444 BAY CENTER DR., # 115<br/>TAMPA, FL 33609</b> |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br><b>HARDY, CLIFFORD B.<br/>2106 S. HESPERIDES STREET<br/>TAMPA, FL 33629</b>     |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ANGELL, CHAD</b><br><b>4013 W CAYUQA St</b><br><b>TAMPA FL 33614</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>MECHANIK, DAVID<br/>101 E. KENNEDY BLVD., STE. 3140<br/>TAMPA, FL 336023</b>            |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>305 S BOULEVARD</b><br><b>TAMPA FL 33606</b>                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |  |  |   |
| <b>SIGNATURE: _____</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  | <b>RONALD T. ROTELLA</b> <b>2/14/07</b> <b>813-289-5488</b><br><small>Date Daytime Phone #</small>   |   |