2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007466

FILED Apr 26, 2006 Secretary of State

Entity Name: WEST SHORE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3867 HOLCOMB BRIDGE ROAD SUITE 800 5311 E COUNTY HWY 30-A NORCROSS, GA 30092 STE 5 SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** 3867 HOLCOMB BRIDGE ROAD SUITE 800 5311 E COUNTY HWY 30-A NORCROSS, GA 30092 STE 5 SANTA ROSA BEACH, FL 32459 FEI Number: 20-3799936 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: MATTHEWS, DANA C PRITCHETT, WALTER R 4475 LEGENDARY DRIVE 5311 E COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 DESTIN, FL 32541 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: WALTER R PRITCHETT 04/26/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition KRAXBERGER, DAVID M Name: Name: Address: Address: 510 STONEMOOR CIRCLE City-St-Zip: City-St-Zip: ROSWELL, GA Title: Title: () Change (X) Addition () Delete Name: Name: NEAL, WILLIAM Address: Address: 9435 NESBIT LAKES DRIVE City-St-Zip: City-St-Zip: ALPHARETTA, GA 30020 Title: () Delete Title: DV () Change (X) Addition Name: NEAL, SALLY Name: 9435 NESBIT LAKES DRIVE Address: Address: City-St-Zip: City-St-Zip: ALPHARETTA, GA 30020

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID KRAXBERGER S 04/26/2006