2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007466

Apr 22, 2007 Secretary of State

Entity Name: WEST SHORE PLACE HOMEOWNERS ASSOCIATION, INC.

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

5311 E COUNTY HWY 30-A STE 5

SANTA ROSA BEACH, FL 32459

New Mailing Address: Current Mailing Address:

5311 E COUNTY HWY 30-A 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:

PRITCHETT, WALTER R PRITCHETT, WALTER R 5311 E COUNTY HWY 30-A 5311 E COUNTY HWY 30-A

SANTA ROSA BEACH, FL 32459 US STE 5 SANTA ROSA BEACH, FL 32459 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: 04/22/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DST (X) Change () Addition () Delete

KRAXBERGER, DAVID M KRAXBERGER, DAVID M Name: Name: 510 STONEMOOR CIRCLE Address: 3867 HOLCOMB BRIDGE ROAD, STE 800 Address:

City-St-Zip: ROSWELL, GA City-St-Zip: NORCROSS, GA 30092

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

NEAL, WILLIAM Name: NEAL, WILLIAM Name:

Address: 9435 NESBIT LAKES DRIVE Address: 3867 HOLCOMB BRIDGE ROAD, STE 800

City-St-Zip: ALPHARETTA, GA 30020 City-St-Zip: NORCROSS, GA 30092

Title: DV () Delete Title: DV (X) Change () Addition NEAL, SALLY NEAL, SALLY Name: Name:

9435 NESBIT LAKES DRIVE 3867 HOLCOMB BRIDGE ROAD, STE 800 Address: Address:

City-St-Zip: ALPHARETTA, GA 30020 City-St-Zip: NORCROSS, GA 30092

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: WALTER R PRITCHETT MGR 04/22/2007