FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N93000001979 (4)

WEST SHORES TOWNHOMES ASSOCIATION, INC.										
Principal Place of Business Mailing Address							[#1 10#1# 1# ##4	(DOLD HOLL HAG)
822 DENTON BLVD #1 922 DENTON BLVD #1 FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32547										
							3. Date Incorporated or Qualified 05/03/1993	3a. Date	of Last R 07/03/19	eport 1 96
2. P 21	rincipal Place of Bu	siness	2a. Mailing Address 26			4. FEI Number 59-3278123	Applied For Not Applicable			
22 22	uite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
	City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
	ip	Country Zip Co			try		8. This corporation has liability for	ntangible ta	ax under s	199.032
24		25 29 30		30			Florida Statutes			,
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
					B1 Na	me				
	HUTCHESON, D	OUGLAS A		-	B2 Str	ee! Addre	ss (P.O. Box Number is Not Acceptab	le)		
	501 MARY ESTH			0.0	201110010	ess (r.o. box Number is Not Acceptable)				
UNIT #1					33					,,,,,
FORT WALTON BEACH FL 32548					34 Cit		·····		85 Zip (Code
								FL	Ш., `	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGI	NATURE									
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered						eture required		DATE	DIDEOTOR	0.0016
12.	000				-		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12
		NG, TOM L		1.1 7(1)	1.2 NAME			L	Criange	ROUIION
NAME		10, 10M L 1WY 98			· -					
		ESTHER FL 32569		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		:55				
TITLE	ST-ZIP MAH)	ESTILLITE SESSE	☐ DELETE	2.1 TITLE		-			Change	Addition
NAME		VG, MILLIE			22 NAME			_	onlingo	7,000,000
						ee				
	ET ADDRESS 331 HWY 98 -ST-ZIP MARY ESTHER FL 32569				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
TITLE	D		DELETE	_	1 TITLE				Change	Addition
NAME		HUTCHESON, DOUGLAS A		3.2 NAME		1			_	
	TADDRESS 501 MARY ESTHER BLVD.			3.3 STREET ADDRESS		ess				
	Y-ST-ZIP FT. WALTON BEACH FL 32548			3.4. CITY - ST - ZIP						
TITLE			DELETE	4.1 1(1)					Change	Addition
NAME				4. 2 NA	ME	i				
STREE	T ADDRESS			4.3 STR	EET ADDRI	SS				
CITY-	ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE			☐ DELETE		5.1 TITLE				Change	Addition
NAME				5.2 NAM	AE.					
STREE	T ADDRESS			5.3 STR	EET ADDRI	ESS				
CITY-	ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE			☐ D€LETE	6.1 TITL	.E				Change	Addition
NAME				6.2 NA	AE .					
STREE	T ADDRESS			6.3 STA	EET ADDRI	ESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Apr 25 1997 8:00am

Secretary of State