2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002907

FILED Jun 09, 2009 Secretary of State

Entity Name: WESTSHORE PALMS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Hirrent Principal Place of Blisiness.	New Principal Place of Blisiness:

4220 W. NORTH B. ST.

APT. A

209 N HUBERT AVE.
TAMPA, FL 33609

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

4220 W. NORTH B. ST.

APT. A

TAMPA, FL 33609

TAMPA, FL 33609

FEI Number: 59-3327034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRIGHT, JOYCE DEPALMA, CARMEN 4220A W. NORTH . ST. 209 N HUBERT AVE TAMPA, FL 33609 US TAMPA, FL 33609 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: CARMEN R. DEPALMA 06/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: T (X) Change () Addition Name: BIRD, BARBARA Name: DEPALMA, CARMEN

 Address:
 4513 WEST GRAY STREET
 Address:
 209 N HUBERT AVE

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

Title: T () Delete Title: V (X) Change () Addition Name: BRIGHT, JOYCE Name: JOHNSON, ALAN

Address: 4220 A W NORTH B ST. Address: PO BOX 18462
City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33679

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

 Name:
 DERWORT, MARGARET
 Name:

 Address:
 208 NORTH HUBERT AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

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

 Name:
 POLK, CARLTON
 Name:
 POLK, CARLTON

 Address:
 211 HEPERIDES
 Address:
 211 HEPERIDES

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

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: CARMEN R. DEPALMA T 06/09/2009