

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765641

Entity Name: WESTERN SHORES SECOND ADDITION ASSOCIATION, INC.**Current Principal Place of Business:**34327 ISLAND DRIVE
LEESBURG, FL 34788**Current Mailing Address:**P.O. BOX 895614
LEESBURG, FL 34789 US**FEI Number:** 59-2232426**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEVINS, EVELYN J
34327 ISLAND DR.
LEESBURG, FL 34788 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:** EVELYN J. NEVINS

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	NEVINS, EVELYN J
Address	34327 ISLAND DR
City-State-Zip:	LEESBURG FL 34788

Title	P
Name	BONE, BRIAN
Address	34204 ISLAND DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	SD
Name	WINKLER, AMY
Address	34200 ISLAND DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	VP
Name	WINKLER, RANDY
Address	34200 ISLAND DR.
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	LAMB, BARBARA
Address	34230 HODGES ROAD
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	TURNER, BARBARA
Address	34339 ISLAND DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	D
Name	BINKLEY, JUNE
Address	34322 ISLAND DRIVE
City-State-Zip:	LEESBURG FL 34788

I hereby 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 all other like empowered.

SIGNATURE: EVELYN NEVINS**TREASURER**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date