## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003923

**Entity Name: WESTSHORE TOWNHOMES PROPERTY OWNERS** 

ASSOCIATION, INC.

**Current Principal Place of Business:** 

5301 ESCENA COURT TAMPA, FL 33611

**Current Mailing Address:** 

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 20-1939504 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702 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: SHERILYN CRAIG 02/26/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name RODRIGUEZ, OMAR Name LECLAIR, JASON

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name BAEZ, ASHLEY L Name NANCE, CONSTANCE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER, SECRETARY
Name BOLLINGER, RICHARD

Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

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: OMAR RODRIGUEZ

**PRESIDENT** 

02/26/2025

FILED Feb 26, 2025

Secretary of State

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