

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006393

**Entity Name:** WEST SHORE PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19534 GULF BLVD.  
UNIT 202  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

19534 GULF BLVD.  
UNIT 202  
INDIAN SHORES, FL 33785

**FEI Number: 59-3604632**

**Certificate of Status Desired: No**

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

SMITH, WILLIAM F  
19534 GULF BLVD.  
UNIT 202  
INDIAN SHORES, FL 33785 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name SMITH, MARCELLA A  
Address 19534 GULF BOULEVARD # 202  
City-State-Zip: INDIAN SHORES FL 33785

Title TREASURER, DIRECTOR  
Name SMITH, WILLIAM F  
Address 19534 GULF BOULEVARD # 202  
City-State-Zip: INDIAN SHORES FL 33785

Title DIRECTOR, PRESIDENT  
Name CRARY, JOSEPH  
Address 19534 GULF BLVD.  
#101  
City-State-Zip: INDIAN SHORES FL 33785

Title DIRECTOR, VP  
Name MAGILL, KENT  
Address 19534 GULF BLVD  
UNIT 502  
City-State-Zip: INDIAN SHORES FL 33785

*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: MARCELLA SMITH**

**SECRETARY**

**01/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date