

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725429

FILED
Mar 19, 2008
Secretary of State

Entity Name: WESTPORT CONDOMINIUM, ASSOCIATION INC

Current Principal Place of Business:

312 NORTHLAKE DRIVE
NO. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

312 NORTHLAKE DRIVE
NO. PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 59-1670047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYANT-CORTEZ, V. CLAIRE ESQ.
860 US HWY 1 SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCDERMOTT, MATTHEW
Address: 312 NORTHLAKE DR #206
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: BELLAVANCE, BRUCE
Address: 312 NORTHLAKE DR #306
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: MULFORD, WALTER
Address: 312 NORTHLAKE DR #302
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TRES () Delete
Name: MULLINS, SCOTT
Address: 312 NORTHLAKE DR #302
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC () Delete
Name: KINGSBURY, BLAIR
Address: 312 NORTHLAKE DR #102
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MULFORD, WALTER
Address: 8315 S. BATES ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW MCDERMOTT

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date