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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752601 (5)
1. Corporation Name
WESTVIEW ON THE BAY CONDOMINIUM, INC.



Principal Place of Business 710 W. ELKCAM CIRCLE MARCO ISLAND FL 33937 US	Mailing Address POST OFFICE BOX 1025 MARCO ISLAND FL 34146-1025
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3. Date Incorporated or Qualified 05/23/1980	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0032816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent
**GREUSEL, JAMIE B.
1104 COLLIER BLVD., N
STE 202
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAC GLASHAN, DON	
STREET ADDRESS	710 W. ELKCAM CIRCLE	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MALLETTE, A J	
STREET ADDRESS	20361 WOODBINE DR.	
CITY - ST - ZIP	NORTHVILLE MI	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	BOSAK, CHARLES	
STREET ADDRESS	14 GREENMAN AVE	
CITY - ST - ZIP	NEW YORK MILLS NY 13417-1004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MacGlashan, Don	
1.3 STREET ADDRESS	710 W. Elkcam Circle	
1.4 CITY - ST - ZIP	MARCO FL 34145	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mallette AJ	
2.3 STREET ADDRESS	20361 Woodbine dr.	
2.4 CITY - ST - ZIP	Northville MI	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McGrath, Donald	
3.3 STREET ADDRESS	P.O. Box 2338	
3.4 CITY - ST - ZIP	Oak Bluffs, MA 02557 N/A	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/15/97 Daytime Phone #: 0060677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)