

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752601
 1. Entity Name
WESTVIEW ON THE BAY CONDOMINIUM, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90101 046 ****61.25

Principal Place of Business Mailing Address
 710 W. ELKCAM CIRCLE POST OFFICE BOX 1025
 MARCO ISLAND FL 33997 MARCO ISLAND FL 34146
 US 34145 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0032816 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREUSEL, JAMIE B.
1104 COLLIER BLVD., N
STE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
 Name **Mary E. Kelly**
 Street Address (P.O. Box Number is Not Acceptable)
710 W. Elkcam Circle PH-5
 City **MARCO Island** FL Zip Code **34145**

8. 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 **Mary E. Kelly** **Mary E. Kelly, Manager** **7/22/2000**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD STD <input type="checkbox"/> Delete
NAME	ROEHR, HENRY
STREET ADDRESS	3 WINDING LANE WEST
CITY-ST-ZIP	WESTPORT CT 06880
TITLE	VPD <input type="checkbox"/> Delete
NAME	BENSON, CARMEN M
STREET ADDRESS	710 WEST ELKCAM CIRCLE PH7
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	CARAWAY, LAWRENCE
STREET ADDRESS	540 MOUNTAIN ROAD POST OFFICE BOX 154
CITY-ST-ZIP	EPSOM NH 03234
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William F Sullivan
STREET ADDRESS	710 W. Elkcam Circle PH5
CITY-ST-ZIP	MARCO Island, FL 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William F Sullivan** **7/22/2000** **941-389-7868**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #