


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
710 W. ELKCAM CIRCLE POST OFFICE BOX 1025
MARCO ISLAND, FL 33937 US MARCO ISLAND, FL 34146 US



02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

KELLY, MARY E
710 W ELKCAM CIRCLE PH-5
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE: DVP
NAME: GRAVEL, GASTON
STREET ADDRESS: 710 W ELKCAM CIR 207
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: SD
NAME: CARAWAY, JOANNE
STREET ADDRESS: 710 W. ELKCAM CIR 206
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: PTD
NAME: SULLIVAN, WILLIAM F
STREET ADDRESS: 710 W ELKCAM CIR PH5
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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04/20/04-80057-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Sullivan William Sullivan 2/12/2004 239-269-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #