

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# 752601

Entity Name: WESTVIEW ON THE BAY CONDOMINIUM, INC.

**Current Principal Place of Business:**

710 W. ELKCAM CIRCLE  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

710 W. ELKCAM CIRCLE  
PH5  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

POST OFFICE BOX 1025  
MARCO ISLAND, FL 34146 US

**New Mailing Address:**

FEI Number: 65-0032816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLY, MARY E  
710 W ELKCAM CIRCLE PH-5  
MARCO ISLAND, FL 34145 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: DVP      ( ) Delete  
Name: CARAWAY, LARRY  
Address: 710 W ELKCAM CIR 206  
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD      ( ) Delete  
Name: CAPONE, ERNESTINE  
Address: 710 W. ELKCAM CIR PH1  
City-St-Zip: MARCO ISLAND, FL 34145

Title: PTD      ( ) Delete  
Name: SULLIVAN, WILLIAM F  
Address: 710 W ELKCAM CIR PH5  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: WILLIAM F. SULLIVAN

PTD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date