


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N04000007370	
1. Entity Name WEST BAY CLUB PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 22140 RED LAUREL LANE ESTERO, FL 33928	Mailing Address P.O. BOX 820 ESTERO, FL 33928
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04042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0122495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVINS, DAVID
22140 RED LAUREL LANE
ESTERO, FL 33928

**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

1100010886139
04/18/08-80043-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEVINS, DAVID 22140 RED LAUREL LANE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAHN, JEFF 22187 NATURES COVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODE, ROBERT 20470 CHAPEL TRACE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUMMINGHAM, BERNIE 20480 CHAPEL TRACE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWAR, LEE 19510 EMERALD BAY VIEW #201 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert A. Rode, ROBERT A. RODE 4/6/08 (239) 498-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #