

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007188</b>					
<b>1. Entity Name</b> INDIGO SHORES AT WEST BAY CLUB CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928			<b>Mailing Address</b> 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3613793	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRICE, ROBERT 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928			Name <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code		
<b>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.</b>					
SIGNATURE <u>Robert J. Brice</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Treasurer</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>1/14/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> ANDREOTTI, JIM		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 5060 INDIGO BAY BLVD #202	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> RIMES, MARTIN		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 5080 INDIGO BAY BLVD	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> P	<b>NAME</b> BRICE, ROBERT J		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 5070 INDIGO BAY BLDG BLVD #102	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> PATTERSON, WARREN D		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 19520 EMERALD BAY VIEW 201	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> WOOD, LEONARD E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 19000 SAPPHIRE SHARES LANE #202	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert J. Brice</u>		<u>Treasurer</u>		DATE <u>1/14/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



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