

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90062 020 ****61.25

DOCUMENT # 715575	
1. Entity Name WEST BAY CLUB CONDOMINIUM, INC.	

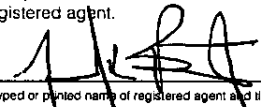
Principal Place of Business		Mailing Address	
19501 NE 10th Avenue, Suite 300 North Miami-Beach, FL 33179		<i>Same</i> 19501 NE 10th Ave Suite 300 N. MIAMI BEACH FL	
City & State	City & State	Zip	Country
N. MIAMI BEACH FL	N. MIAMI BEACH FL	33179	USA



03222004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent MJB Management Services, Inc. 19501 NE 10th Avenue, Suite 300 North Miami Beach, FL 33179		7. Name and Address of New Registered Agent Name MJB MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 19501 NE 10th Ave Suite 300 City N. MIAMI BEACH FL Zip Code 33179	
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I, 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.

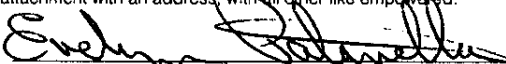
SIGNATURE  DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATANELLA, EVELYN 9440 BAY HARBOR DR. BAY HARBOR ISLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, LORI 9440 BAY HARBOR DR. BAY HARBOR ISLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP RODRIGUEZ, ROSA 9440 BAY HARBOR DR. BAY HARBOR ISLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE **4/15/04** DAYTIME PHONE # **1-305-861-1634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR