2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90473 023 ****61.25

DOCUMENT # 715575

1. Entity Name
WEST BAY CLUB CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
19501 NE 10TH AVE SUITE 300 MIAMI, FL 33179	19501 NE 10TH AVE SUITE 300 MIAMI, FL 33179

2. Principal Place of Business	3. Mailing Address
Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731	Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1312881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MTB MANAGEMENT SERVICES IN 19501 NE 10TH AVE SUITE 300 MIAMI, FL 33179	Name / Street Adc / City / de Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731

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 ______ 4/22/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

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 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: Evelyn Patanella 4/27/06 305-553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Evelyn Patanella