2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715575

FILED Jan 10, 2009 Secretary of State

Entity Name: WEST BAY CLUB CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: FULL SERVICE PROPERTY MGMT FULL SERVICE PROPERTY MGMT 4744 NW 114 AVE #105 6921 NW 77TH AVENUE DORAL, FL 33178 MIAMI, FL 33166 **Current Mailing Address:** New Mailing Address: FULL SERVICE PROPERTY MGMT FULL SERVICE PROPERTY MGMT 6921 NW 77TH AVENUE 4744 NW 114 AVE #105 DORAL, FL 33178 MIAMI, FL 33166 FEI Number: 59-1312881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EISENGER, BROWN, LEWIS PRESIDENTIAL CIRCLE SUITE 2655 4000 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATANELLA, EVELYN Name: Name: 9440 BAY HARBOR DR. Address: Address: BAY HARBOR ISLAND, FL City-St-Zip: City-St-Zip: Title: SD () Delete Title: () Change () Addition MARTINEZ, LORI Name: Name: Address: 9440 BAY HARBOR DR. Address: City-St-Zip: BAY HARBOR ISLAND, FL City-St-Zip: Title: **TDVP** () Delete Title: () Change () Addition RODRIGUEZ, ROSA Name: Name: 9440 BAY HARBOR DR. Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: MARIA, ANTHONY Name:

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.

Address:

City-St-Zip:

SIGNATURE: EVELYN PATANELLA PRES 01/10/2009

9440 BAY HARBOR DR #2C

BAY HARBOR ISLAND, FL 33154

Address:

City-St-Zip: