2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737480

FILED Apr 21, 2009 Secretary of State

Entity Name: WESTBAY COVE SOUTH ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3001 GULI HOLMES I	F DRIVE BEACH, FL 3	4217			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3001 GULI HOLMES I	F DRIVE BEACH, FL 3	4217			
FEI Number:	: 59-1720459	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
HOLMES I	F DRIVE i.R. 434, SUIT BEACH, FL 3	4217 US	urpose of changing its register	red office or registered agent, or both,	
	e of Florida. ´	'			
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VPD (WARE, ROBE 11 JUSTIN DR JACKSONVILI	L.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (PHILLIPS, CH 630 LAKE RD SCIO, NY 148		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCOTT, MARC 733 MANATEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LANGFORD, N 711 MANATEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRENNIS, SÚ 705 MANATEE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIS, ROB 735 MANATEE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: MICHAEL J NORTHFIELD MGR 04/21/2009