## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 738067**

FILED Jan 12, 2009 Secretary of State

Entity Name: WESTBAY POINT & MOORINGS ASSOCIATION I, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	TILLA DR.				
OX 65-A IOLMES	BEACH, FL 34	217			
urrent Mailing Address:			New Maili	New Mailing Address:	
	TILLA DRIVE BEACH, FL 34	2171455			
El Number	: 59-1742925	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
ame and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:	
500 FLO	N, ROBERT TILLA DRIVE BEACH, FL 64	2171455 US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both	
IGNATU	RE:				
	Electron	ic Signature of Registered A	gent	Date	
FFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
tle: ame: ldress: ty-St-Zip:	PETRASKE, GF 6400 FLOTILLA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
tle: ame: ldress:	D () PORTER, CHAF 6400 FLOTIHA HOLMES BEAC	DR #55	Title: Name: Address: City-St-Zip:	()Change ()Addition	
le: ame: ldress: ty-St-Zip: ele: ame: ldress:	PORTER, CHAF 6400 FLOTIHA HOLMES BEAC	RLES DR #55 H, FL 34217 Delete E DRIVE # 85	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
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tle: ame: tdress: tty-St-Zip: tle: ame: tdress: ty-St-Zip: tle: ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip: tle: ame: tdress: tty-St-Zip:	PORTER, CHAF 6400 FLOTIHA HOLMES BEAC D () HAUSER, ERNI 6400 FLOTINA HOLMES BEAC DV () MEALS, DON 6400 FLOTILLA HOLMES BEAC	RLES DR #55 CH, FL 34217  Delete E DRIVE # 85 CH, FL 34217  Delete A DRIVE #21 CH, FL 34217  Delete J DRIVE #21 Delete J DRIVE #21 DRIVE #21 DRIVE #21	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()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: GRETCHEN PETRASKE DT 01/12/2009