

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90178 035 \*\*\*\*61.25

**DOCUMENT # 740457**

1. Entity Name

**WESTBAY POINT & MOORINGS II ASSOCIATION, INC.**



Principal Place of Business

6500 FLOTILLA DR.  
HOLMES BEACH FL 34217-1455  
US

Mailing Address

6500 FLOTILLA DR.  
HOLMES BEACH FL 34217-1455  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-1899994**

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

**MCGLYNN, ROBERT S.**  
**6500 FLOTILLA DR.**  
**HOLMES BEACH FL 34217-1455**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	GUY, ALLEN	
STREET ADDRESS	6500 FLOTILLA DR. #186	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DIEFFENBACH, PHIL	
STREET ADDRESS	6500 FLOTILLA DR. #171	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, DON	
STREET ADDRESS	6500 FLOTILLA DR. #122	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGLOIS, LORNE	
STREET ADDRESS	6500 FLOSINA DR., #255	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBERG, SOLOMON	
STREET ADDRESS	6500 FLOTILLA DR. #183	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAHER, RICHARD	
STREET ADDRESS	6500 FLOTILLA DR., #231	
CITY - ST - ZIP	HOLMES FL 34217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LINDWAHL	
STREET ADDRESS	6500 FLOTILLA DR. #164	
CITY - ST - ZIP	Holmes Bch, FL. 34217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

Date

941-778-5915

Daytime Phone #