

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUY, ALLEN
6500 FLOTILLA DR. #186
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DIEFFENBACH, PHIL
6500 FLOTILLA DR. #171
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, DON
6500 FLOTILLA DR. #122
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LINDWALL, JOHN
6500 FLORILLA DR #164
HOLMES BCH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEINBERG, SOLOMON
6500 FLOTILLA DR. #183
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAHER, RICHARD
6500 FLOTILLA DR., #231
HOLMES, FL 34217**

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02/21/07-80026-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Richard C. Maher **Richard C. Maher**

Date

Daytime Phone #