

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90031 008 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1899994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

TITLE: DT ☐ Delete
NAME: LINDWALL, JOHN
STREET ADDRESS: 6500 FLOTILLA DR. #164
CITY-ST-ZIP: HOLMES BCH FL 34217

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

TITLE: PD ☒ 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: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Change ☐ Addition
NAME: AL POLLACK
STREET ADDRESS: 6500 FLOTILLA DR. #222
CITY-ST-ZIP: Holmes Bch, FL 34217

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD ☐ Change ☐ Addition
NAME: George Parker
STREET ADDRESS: 6500 FLOTILLA DR. #195
CITY-ST-ZIP: Holmes Bch, FL 34217

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jan L. Lindwall

1/29/08 941-779-1518