

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90031 050 ****61.25

DOCUMENT # 744535

1. Entity Name
WESTBAY POINT & MOORINGS III ASSOCIATION, INC.



Principal Place of Business
6200 FLOTILLA DRIVE
HOLMES BEACH, FL 34217-1413

Mailing Address
6500 FLOTILLA DR
HOLMES BEACH, FL 34217 US

40010301



DO NOT WRITE IN THIS SPACE

01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1936879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HEROLD, WILLIAM JR
5500 MARINA DR
HOLMES BEACH, FL 34217

**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, 2005**

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	TD DOUDERA, ART 6200 FLOTILLA DR., #245. HOLMES BCH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERMAN, RICHARD 6200 FLOTILLA DR, 292 HOLMES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, RUSSEL 6200 FLOTILLA DR., #262 HOLMES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAYLES, ROBERT 6200 FLOTILLA DR. #255 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKALNY, JAN 6200 FLOTILLA DR., #254 HOLMES BCH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Jan 26, 2005 *781055*
Date Daytime Phone #