

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90041 004 ****61.25

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEROLD, WILLIAM JR 5500 MARINA DR HOLMES BEACH, FL 34217			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUDERA, ART		NAME		
STREET ADDRESS	6200 FLOTILLA DR., #245.		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH, FL 34217		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN, RICHARD		NAME		
STREET ADDRESS	6200 FLOTILLA DR, 292		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, RUSSEL		NAME		
STREET ADDRESS	6200 FLOTILLA DR., #262		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAYLES, ROBERT		NAME		
STREET ADDRESS	6200 FLOTILLA DR. #255		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SKALNY, JAN		NAME	D CHARLES JAMBE	
STREET ADDRESS	6200 FLOTILLA DR., #254		STREET ADDRESS	167 HONEYSUCKLE LANE	
CITY-ST-ZIP	HOLMES BCH, FL 34217		CITY-ST-ZIP	HUNTINGTON, WV 25701	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: <u>Jan 27, 2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		