

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744535

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

6200 FLOTILLA DRIVE
HOLMES BEACH, FL 342171413

New Principal Place of Business:

Current Mailing Address:

6500 FLOTILLA DR
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 59-1936879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCGANNON, VALERIE
Address: 6200 FLOTILLA DR. #283
City-St-Zip: HOLMES BCH, FL 34217

Title: SD () Delete
Name: HERMAN, RICHARD
Address: 6200 FLOTILLA DR, 292
City-St-Zip: HOLMES BEACH, FL

Title: D () Delete
Name: HAMMER, NEIL
Address: 6200 FLOTILLA DR. #291
City-St-Zip: HOLMES BEACH, FL 34217

Title: VD () Delete
Name: SAYLES, ROBERT
Address: 6200 FLOTILLA DR. #255
City-St-Zip: HOLMES BEACH, FL 34217

Title: PD () Delete
Name: JAMBE, CHARLES
Address: 167 HONEYSUCKLE LN.
City-St-Zip: HUNTINGTON, WV 25701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERMAN, RICHARD
Address: 6200 FLOTILLA DR, #292
City-St-Zip: HOLMES BEACH, FL 34217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JAMBE, CHARLES
Address: 6200 FLOTILLA DRIVE #274
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE MCGANNON

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date