


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 018 ****61.25

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1. Entity Name
 WEST BAY GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 WEST BAY GARDENS OFFICE SUITE
 1665 BAY ROAD
 MIAMI BEACH, FL 33139

Mailing Address
 C/O BBS&S CONDO DEP
 2525 PONCE DE LEON BLVD FL 5
 MIAMI, FL 33134

20007959



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

03232007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2034389

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

CALIL, ALBERT
 1665 BAY RD. #525
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name **ENRIQUE GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
1665 BAY ROAD # 417

City **MIAMI BEACH** FL Zip Code **33139**

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 *Enrique Garcia* **ENRIQUE GARCIA** DATE **3/29/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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 NAME STREET ADDRESS CITY - ST - ZIP	S HERNANDEZ, JUAN 1666 W AVE 2087 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, JUAN 1666 W AVE 308 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEDO, DAISY PO BOX 1611 MIAMI, FL 33101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CERNADAS, JOSE 1665 BAY RD. #321 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALIL, ALBERT 1665 BAY RD. #525 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCALLUM, CELIA 1665 BAY ROAD #416 MIAMI, FL 33139 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Juan Hernandez 1666 West Avenue #208 MIAMI Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jose M. Fernandez 1666 West Avenue #310 MIAMI Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Enrique Garcia 1665 Bay Road # 417 MIAMI Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Francisca Varela 1666 West Avenue #201 MIAMI Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Enrique Garcia* **ENRIQUE GARCIA** DATE **3/29/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR