2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State
01-15-2008 90034 039 ****61.25

DOCUMENT # N02000004626

1. Entity Name
EAST BAY GOLF VILLAS AT WATER VIEW CONDOMINIUM ASSOCIATION, INC.

400004086

Principal Place of Business	Mailing Address
~~1468 WATER VIEW DRIVE W.~~ ~~LARGO, FL 33771~~ US	~~1468 WATER VIEW DR W~~ ~~LARGO, FL 33771~~ US

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2189 Cleveland St	2189 Cleveland St
Suite, Apt. #, etc. 225	Suite, Apt. #, etc. #225
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33765 Country USA	Zip 33765 Country USA

4. FEI Number 03-0510919 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOSTBROCK, BARBARA J 1400 WATER VIEW DR W UNIT #102 LARGO, FL 33771	Name Lennard A. Leighton Street Address (P.O. Box Number is Not Acceptable) 2189 Cleveland St. #225 City Clearwater FL Zip Code 33765

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 _____ 1/4/08
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOSTBROCK, BARBARA J 1400 WATER VIEW DR W, UNIT #102 LARGO, FL 33771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACOSTA, ARLETTE 1420 WATER VIEW DR W, #104 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SABATINI, MARJORIE 1470 WATER VIEW DR W, #102 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHANER, ANN 1440 WATER VIEW DR W, #201 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, THOMAS 1440 WATER VIEW DRIVE W, #103 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Fleming 1440 Waterview Drive W # 101 Largo, FL 33771	☐ Change ☒ 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: _____ 1-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #