

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90126 011 ****61.25

DOCUMENT # N03000003504

1. Entity Name
WEST BAY VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**611 W. BAY STREET
TAMPA, FL 33606**

Mailing Address
**611 W. BAY STREET
TAMPA, FL 33606**

20021816



2. Principal Place of Business

**CONDOMINIUM ASSOCIATES
Suite, Apt. #, etc.
3001 EXECUTIVE DR., STE 260**

3. Mailing Address

**3001 EXECUTIVE DR.
Suite, Apt. #, etc.
SUITE 260**

02202006 Chg-NP CR2E037 (11/05)

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number
01-0781702

Applied For
Not Applicable

Zip
33762

Country
USA

Zip
33762

Country
USA

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

6. Name and Address of Current Registered Agent

**SHIMBERG, SCOTT
611 W. BAY STREET
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **CONDOMINIUM ASSOCIATES**
Street Address (P.O. Box Number is Not Acceptable)
**3001 EXECUTIVE DRIVE
SUITE 260**
City **CLEARWATER FL** Zip Code **33762**

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, 2006**

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 **D** ☒ Delete
NAME **ROSS, CRAIG**
STREET ADDRESS **611 WEST BAY STREET**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☒ Delete
NAME **SHIMBERG, SCOTT**
STREET ADDRESS **611 WEST BAY STREET**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **ALICIA HAMMERSDAFF**
STREET ADDRESS **270 CLEVELAND AVE.**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Reed JOHNSON**
STREET ADDRESS **371 FIRST AVE. SW**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **DS** ☐ Change ☒ Addition
NAME **SUZANNE BALKO**
STREET ADDRESS **291 FIRST AVE SW**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **DT** ☐ Change ☒ Addition
NAME **RON DEL RE**
STREET ADDRESS **290 2ND AVENUE SW**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **D** ☐ Change ☒ Addition
NAME **TYE GROSS**
STREET ADDRESS **320 CLEVELAND AVE.**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ronald Del Re
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 March 06

Date

591-1111

Daytime Phone #