

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003504

FILED
Mar 28, 2008
Secretary of State

Entity Name: WEST BAY VILLAGE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. STE. 260
CLEARWATER, FL 33762

New Principal Place of Business:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777

Current Mailing Address:

3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

FEI Number: 01-0781702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDIMINIUM ASSOCIATES
3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

THOMAS, DOROTHY A
7300 PARK STREET
SEMINOLE, FL 33777 US

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: DOROTHY THOMAS

03/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERFUSON, SCOTT
Address: 331 1ST AVE SW
City-St-Zip: LARGO, FL 33770

Title: DVP (X) Delete
Name: JOHNSON, REED
Address: 371 FIRST AVE. S.W
City-St-Zip: LARGO, FL 33770

Title: DS (X) Delete
Name: BALKO, SUZANNE
Address: 291 FIRST AVE SW.
City-St-Zip: LARGO, FL 33770

Title: DT (X) Delete
Name: DALY, LARA
Address: 220 2 AVE SW
City-St-Zip: LARGO, FL 33770

Title: DP () Delete
Name: GRUSS, TYE
Address: 320 CLEVELAND AVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TYE GRUSS

PD

03/28/2008

Electronic Signature of Signing Officer or Director

Date