

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2008  
Secretary of State**

DOCUMENT# N04000002872

Entity Name: WEST END HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 20-5216482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUARDT, THOMAS O  
4000 HIGHWAY 98  
MEXICO BEACH, FL 32410      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: PD      ( ) Delete  
Name: MARQUARDT, THOMAS O  
Address: P.O. BOX 13668  
City-St-Zip: MEXICO BEACH, FL 32410

Title: VD      ( ) Delete  
Name: MARQUARDT, LINDA M  
Address: P.O. BOX 13668  
City-St-Zip: MEXICO BEACH, FL 32410

Title: STD      ( ) Delete  
Name: ADAMS, CHRYSTINA M  
Address: P.O. BOX 13668  
City-St-Zip: MEXICO BEACH, FL 32410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD      (X) Change ( ) Addition  
Name: BOYETT, BUDDY  
Address: 4000 HWY 98 B3-204  
City-St-Zip: MEXICO BEACH, FL 32456

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: THOMAS O. MARQUARDT

PD

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date