

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90193 022 \*\*\*\*61.25

<b>DOCUMENT # N04000007370</b>					
<b>1. Entity Name</b> WEST BAY CLUB PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 22199 NATURES COVE COURT ESTERO, FL 33928			<b>Mailing Address</b> 22199 NATURES COVE COURT ESTERO, FL 33928		
<b>2. Principal Place of Business - No P.O. Box #</b> <u>LAUREL</u> <b>3. Mailing Address</b> <u>22140 RED LAUREL</u> <u>P.O. BOX 820</u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> <u>ESTERO, FL</u>			<b>City &amp; State</b> <u>ESTERO, FL</u>		
<b>Zip</b> <u>33928</u>		<b>Country</b> <u>LEE</u>		<b>4. FEI Number</b> 32-0122495	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> VILNIUS, DONALD 22199 NATURES COVE COURT ESTERO, FL 33928					
<b>7. Name and Address of New Registered Agent</b> Name <u>NEVINS, DAVID</u> Street Address (P.O. Box Number is Not Acceptable) <u>22140 RED LAUREL LANE</u> City <u>ESTERO</u> <b>FL</b> Zip Code <u>33928</u>					
<b>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.</b> SIGNATURE <u>David Nevins</u> <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD <b>NAME</b> VILNIUS, DONALD <b>STREET ADDRESS</b> 22199 NATURES COVE COURT <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> NEVINS, DAVID <b>STREET ADDRESS</b> 22140 RED LAUREL LANE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> DEBERD, DONALD <b>STREET ADDRESS</b> 20300 RIVERBROOKE RUN <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> ENGLISH, STEPHANIE <b>STREET ADDRESS</b> 19000 SAPPHIRE SHORES #202 <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> PARKER, WM <b>STREET ADDRESS</b> 20450 CHAPEL TRACE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> KAHN, JEFF <b>STREET ADDRESS</b> 22187 NATURES COVE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> PD <b>NAME</b> NEVINS, DAVID <b>STREET ADDRESS</b> 22140 RED LAUREL LANE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VD <b>NAME</b> KAHN, JEFF <b>STREET ADDRESS</b> 22187 NATURES COVE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> ROBERT RODE <b>STREET ADDRESS</b> 20470 CHAPEL TRACE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> BERNIE CUNNINGHAM <b>STREET ADDRESS</b> 20480 CHAPEL TRACE <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> POWAR, LEE <b>STREET ADDRESS</b> 19580 EMERALD BAY VIEW #201 <b>CITY-ST-ZIP</b> ESTERO, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert A. Rode</u> <u>ROBERT A. RODE</u> <u>4/5/07</u> <u>(239) 498-4924</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					