


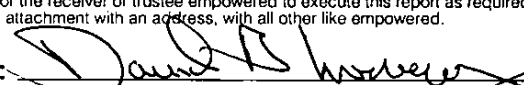
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90101 006 \*\*\*\*70.00

**20028045**



<b>DOCUMENT # N26092</b>					
1. Entity Name WCB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2070 RINGLING BLVD. SARASOTA, FL 34237 US		Mailing Address 2070 RINGLING BLVD. SARASOTA, FL 34237 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03292006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0121981 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEAL, GARY W 2070 RINGLING BLVD. SARASOTA, FL 34237			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VSTD <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEST, A. DAVIDSON	NAME	CRISSY, BRUCE		
STREET ADDRESS	2070 RINGLING BLVD.	STREET ADDRESS	1743 NORTHGATE BLVD		
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	SARASOTA, FL, 34234		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEAL, GARY W	NAME	LOWERY, DAVID A		
STREET ADDRESS	2070 RINGLING BLVD.	STREET ADDRESS	1743 NORTHGATE BLVD		
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	SARASOTA, FL 34234		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOBLE, RICHARD CPA	NAME	TOWN/MICHAEL		
STREET ADDRESS	1858 RINGLING BLVD.	STREET ADDRESS	1743 NORTHGATE BLVD		
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	SARASOTA, FL 34234		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Date: 3/24/06		Daytime Phone #: (941) 359-6505	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					