


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 013 ****61.25

DOCUMENT # N46522					
1. Entity Name WESTBAY POINT COMMUNITY ASSOCIATION, INCORPORATED					
Principal Place of Business 6500 FLOTILLA DRIVE HOMES BEACH, FL 34217-1455 US			Mailing Address 6500 FLOTILLA DRIVE HOMES BEACH, FL 34217-1455 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0312995				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGLYNN, ROBERT 6500 FLOTILLA DR HOMES BEACH, FL 34217-1455			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDWALL, JON		NAME		
STREET ADDRESS	6500 FLOTILLA DR #164		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUDERA, ART		NAME	CHUCK JAMBE	
STREET ADDRESS	6200 FLOTILLA DR #245		STREET ADDRESS	6200 FLOTILLA DR. #273	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	HOLMES Bch, FL 34217	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, JIM		NAME	Dick Herman	
STREET ADDRESS	6400 FLOTILLA DR #31		STREET ADDRESS	6200 FLOTILLA DR. #292	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	Holmes Bch, FL.	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, RUSSELL		NAME	GARY PAYNE	
STREET ADDRESS	6400 FLOTILLA DR #262		STREET ADDRESS	6200 FLOTILLA DR. #73	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	Holmes Bch, FL 34217	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRASKE, GRETCHEN		NAME		
STREET ADDRESS	6800 FLOTILLA DR #98		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON BEACH, FL 34217		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, DICK		NAME		
STREET ADDRESS	6500 FLOTILLA DR #231		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217		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: <u>Richard C. Maher</u>			4/6/06 941.778.5915		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		