


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State


02-07-2007 90035 012 ****61.25

DOCUMENT # N46522 1. Entity Name WESTBAY POINT COMMUNITY ASSOCIATION, INCORPORATED	
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Principal Place of Business 6500 FLOTILLA DRIVE HOMES BEACH, FL 34217-1455 US	Mailing Address 6500 FLOTILLA DRIVE HOMES BEACH, FL 34217-1455 US
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DO NOT WRITE IN THIS SPACE

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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0312995	Applied For 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDWALL, JON 6500 FLOTILLA DR #164 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMBE, CHUCK 6200 FLOTILLA DR #273 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERMAN, DICK 6200 FLOTILLA DR #292 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, GARY 6200 FLOTILLA DR #73 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRASKE, GRETCHEN 6800 FLOTILLA DR #98 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHER, DICK 6500 FLOTILLA DR #231 HOLMES BEACH, FL 34217

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IN THIS SPACE**

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: Richard C. Maher Richard C. Maher 11/31/07 941-725-5915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #