
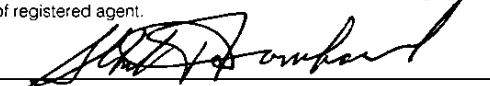
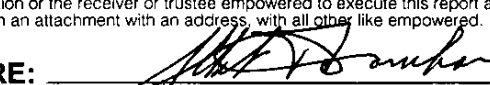


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90100 023 \*\*\*\*61.25

<b>DOCUMENT # N95000005312</b> 1. Entity Name <b>THE WATER CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1261 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228</b>			Mailing Address <b>1261 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>13-3869734</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01082007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>WINNICK, EDWARD DOMBROWSKI, ALBERT</b> <b>1261 GULF OF MEXICO DRIVE</b> <b>LONGBOAT KEY, FL 34228</b>			7. Name and Address of New Registered Agent  Name <b>ALBERT DOMBROWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1261 GULF OF MEXICO DRIVE</b> City <b>Longboat Key</b> FL    Zip Code <b>34228</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.  SIGNATURE  1-11-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, JEANNE 1241 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCIEN LEVY 1281 GULF OF MEXICO DR #1003 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMBROWSKI, AL 1241 GULF OF MEXICO DR #903 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOMBROWSKI, AL 1241 GULF OF MEXICO DRIVE #903 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JEFFERY 1281 GULF OF MEXICO DR #1006 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSALIE GOLDBERG 1241 GULF OF MEXICO DR #407 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINNICK, EDWARD 1281 GULF OF MEXICO DRIVE #1008 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURTON ROSENFELD 1241 GULF OF MEXICO DR #1105 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUK, MILTON 1281 GULF OF MEXICO DR #506 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUK, MILTON 1281 GULF OF MEXICO DR #506 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ONEIL, MARYANN 1241 GULF OF MEXICO LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL SILVESTRAS 1241 GULF OF MEXICO DRIVE #1005 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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>SIGNATURE:</b> 		1-11-07		941-387-7719	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	