

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 027 ****61.25

DOCUMENT # N95000005312

1. Entity Name
THE WATER CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1261 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

Mailing Address
**1261 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
13-3869734

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOMBROWSKI, ALBERT
1261 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name
EDWARD WINNICK
Street Address (P.O. Box Number is Not Acceptable)
1261 GULF OF MEXICO DRIVE
City
Longboat Key FL Zip Code
34228

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

Edward Winnick - President **EDWARD WINNICK - 1-9-08**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINSTON, JEANNE	
STREET ADDRESS	1241 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOMBROWSKI, AL	
STREET ADDRESS	1241 GULF OF MEXICO DR #903	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCIEN, LEVY	
STREET ADDRESS	1281 GULF OF MEXICO DR #1003	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228 SAME	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBERG, ROSALIE	
STREET ADDRESS	1241 GULF OF MEXICO DR #407	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRUK, MILTON	
STREET ADDRESS	1281 GULF OF MEXICO DR #506	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSENFICIO, BURTON	
STREET ADDRESS	1241 GULF OF MEXICO DR #1105	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINNICK, EDWARD	
STREET ADDRESS	1281 GULF OF MEXICO DR #1008	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILANG CAROL	
STREET ADDRESS	1281 GULF OF MEXICO DR #405	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, DAVID	
STREET ADDRESS	1281 GULF OF MEXICO DR #606	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG ROSALIE	
STREET ADDRESS	1241 GULF OF MEXICO DR #407	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVIN, JEROME	
STREET ADDRESS	1241 GULF OF MEXICO DR #203	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, RONALD	
STREET ADDRESS	1241 GULF OF MEXICO DR #305	
CITY-ST-ZIP	Longboat Key FL 34228	

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:

Edward Winnick - President **EDWARD WINNICK** **1-9-08** **941-387-7719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #