

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001010					
1. Corporation Name WEST BAY CLUB COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 2601 S. Bayshore Drive 27 Suite, Apt. #, etc. 28 Suite 900 29 City & State 30 Miami, Florida 31 Zip 32 33133 33 Country		3. Date Incorporated or Qualified 02/20/1998 4. FEI Number 65-0817154 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

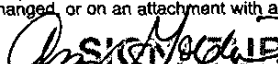
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME		1.2 NAME	Weed, Frank
STREET ADDRESS		1.3 STREET ADDRESS	22051 Atlantic Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Esteros, FL 33928
TITLE	☐ DELETE	2.1 TITLE	VS ☐ Change ☒ Addition
NAME		2.2 NAME	Goldman, Joel K.
STREET ADDRESS		2.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	Matzick, Larry
STREET ADDRESS		3.3 STREET ADDRESS	3501 Bonita Bay Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Goldin, Amy H
STREET ADDRESS		4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33133
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	VT ☐ Change ☒ Addition
NAME		6.2 NAME	Cashion, Stephen
STREET ADDRESS		6.3 STREET ADDRESS	3501 Bonita Bay Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bonita Springs FL 34134

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMY H. GOLDIN, DIRECTOR

3/19/99

305-859-4000

Date

Daytime Phone #

CR2E037 (11/98)