

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 010 ****61.25

DOCUMENT # N98000001010

1. Entity Name

WEST BAY CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**13790 NW 4TH STREET
 SUITE 113
 SUNRISE FL 33325**

Mailing Address

**13790 NW 4TH STREET
 SUITE 113
 SUNRISE FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0817154**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAGG, LARRY
 200 SOUTH BISCAYNE BLVD.
 SUITE 4900
 MIAMI FL 33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **WEED, FRANK**
 STREET ADDRESS **22051 ATLANTIC BLVD**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **S** ☐ Change ☒ Addition
 NAME **GIBLIN, E.M., JR.**
 STREET ADDRESS **13790 NW 4TH ST, STE 113**
 CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE **VS** ☒ Delete
 NAME **AHERN, PATRICK M**
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**
 CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MATZNICK, LARRY**
 STREET ADDRESS **22051 ATLANTIC BLVD.**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **MATZICK, LARRY**
 STREET ADDRESS **22051 ATLANTIC GULF BLVD**
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VPD** ☐ Delete
 NAME **GOLDIN, AMY H**
 STREET ADDRESS **4800 NORTH FEDERAL HWY. SUITE 105-E**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D/D** ☒ Change ☐ Addition
 NAME **GOLDIN, AMY H**
 STREET ADDRESS **13790 NW 4th ST, ste 113**
 CITY-ST-ZIP **SUNRISE, FL 33325**

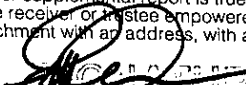
TITLE **VT** ☐ Delete
 NAME **CASHION, STEPHEN**
 STREET ADDRESS **22051 ATLANTIC GULF BLVD.**
 CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D/V/T** ☒ Change ☐ Addition
 NAME **CASHION, STEPHEN**
 STREET ADDRESS **4610 WEST BAY BLVD**
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:  **E.M. Giblin, Jr.** 4/29/02 (954)838-7100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)