2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90787 001 *6,061.25

DOCUMENT # N98000001010

1. Entity Name
WEST BAY CLUB COMMUNITY ASSOCIATION, INC.

66013468

Principal Place of Business	Mailing Address
745 7TH AVENUE NEW YORK, NY 10019	745 7TH AVENUE NEW YORK, NY 10019

DO NOT WRITE IN THIS SPACE

04072006 No Chg-NP CR2E037 (11/05)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKENNA, CHRISTOPHER
STREET ADDRESS	C/O 399 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	S
NAME	BRUSCO, ROBERT
STREET ADDRESS	C/O 399 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VP
NAME	BARSANTI, ANTHONY
STREET ADDRESS	C/O 399 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04110106 2014996899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #