


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000007188			
1. Entity Name INDIGO SHORES AT WEST BAY CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928		Mailing Address 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928	
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



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3613793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRICE, ROBERT 5070 INDIGO BAY BLVD., #102 ESTERO, FL 33928		Name N/A	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert J. Brice, Treasurer DATE: 1/16/08

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREOTTI, JIM			NAME			
STREET ADDRESS	5060 INDIGO BAY BLVD #202			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIMES, MARTIN			NAME			
STREET ADDRESS	5080 INDIGO BAY BLVD			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRICE, ROBERT J			NAME			
STREET ADDRESS	5070 INDINGO BAY BLDG BLVD #102			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, WARREN D			NAME			
STREET ADDRESS	19520 EMERALD BAY VIEW 201			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, LEONARD E			NAME			
STREET ADDRESS	19000 SAPPHERE SHARES LANE #202			STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Robert J. Brice, Treasurer DATE: 1/16/08

Signature and typed or printed name of signing officer or director Daytime Phone #

(239) 949-7183