

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008259

Entity Name: WEST BAY COMMUNITY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**4606 WEST BAY BLVD.
ESTERO, FL 33928**Current Mailing Address:**4606 WEST BAY BLVD.
ESTERO, FL 33928**FEI Number:** 47-1584850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEAUBIEN, DUSTI
20110 RIVERBROOKE RUN
ESTERO, FL 33928 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name WELSH, THOMAS
Address 22050 NATURES COVE COURT
City-State-Zip: ESTERO FL 33928

Title DIRECTOR
Name CHENSOFF, GAIL
Address 22050 NATURES COVE COURT
City-State-Zip: ESTERO FL 33928

Title DIRECTOR, VP
Name BEAUBIEN, JERRY
Address 20110 RIVERBROOKE RUN
City-State-Zip: ESTERO FL

Title DIRECTOR
Name BEAUBIEN, DUSTI
Address 20110 RIVERBROOKE RUN
City-State-Zip: ESTERO FL

Title DIRECTOR
Name HALEY, PAT
Address 22201 RED LAUREL LANE
City-State-Zip: ESTERO FL 33928

Title DIRECTOR, PRESIDENT
Name HALEY, ANNE
Address 5061 INDIGO BAY BLVD. #202
City-State-Zip: ESTERO FL 33928

Title TREASURER, DIRECTOR
Name POLLARD, FRANK
Address 20391 CHAPEL TRACE
City-State-Zip: ESTERO FL 33928

Title DIRECTOR
Name SMITH, WAYNE
Address 4751 WEST BAY BLVD. #1604
City-State-Zip: ESTERO FL 33928

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK R POLLARD**DIRECTOR, TREASURER** 03/28/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	HUGHES, KATHY
Address	20101 CHAPEL TRACE
City-State-Zip:	ESTERO FL 33928