2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738656

FILED Jan 11, 2012 Secretary of State

Entity Name: WESTBURY "I" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

EAST COAST MAINTENANCE EAST COAST MAINTENANCE & MANAGEMENT 254 S MILITARY TRAIL

254 S MILITARY TRAIL

DEERFIELD BCH, FL 33442

New Mailing Address:

DEERFIELD BCH, FL 33442 **Current Mailing Address:**

254 S MILITARY TRAIL

EAST COAST MAINTENANCE & MANAGEMENT

EAST COAST MAINTENANCE 254 S MILITARY TRAIL DEERFIELD BCH, FL 33442

DEERFIELD BCH, FL 33442

FEI Number: 59-1921822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EAST COAST MAINTENANCE EAST COAST MAINTENANCE & MANAGEMENT

254 S MILITARY TRAIL 254 S MILITARY TRAIL

DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 US 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: J QUINTANO 01/11/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ROSSI WILLIAMS, DIANE Name: Address: 154 WESTBURY I

City-St-Zip: DEERFIELD BEACH, FL 33442

Title:

Name: HOCHHAUSER, MINA Address: 147 WESTBURY 'I'

City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD

COLON, CARMEN Name: Address: 155 WESTBURY I

City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD

Name: WILLIAMS, JOHN 154 WESTBURN I Address:

City-St-Zip: DEERFIELD BEACH, FL 33442

Title:

BAKER, PATRICIA Name: 152 WESTBURY I Address:

DEERFIELD BEACH, FL 33442 City-St-Zip:

Title:

GOLDSTEIN, SARA Name: Address: 150 WESTBURY I

DEERFIELD BEACH, FL 33442 City-St-Zip:

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: DROSSI WILLIAMS PD 01/11/2012