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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:38

DOCUMENT # N50185 (0)

1. Corporation Name
WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
401 SW FAIRWAY LANDING PORT ST LUCIE FL 34986	401 SW FAIRWAY LANDING PORT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 11/10/1994
4. FEI Number: 65-0389710 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 7500 Reserve Blvd	26 2a. Mailing Address: 7500 Reserve Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, FL	28 City & State: Port St. Lucie, FL
24 Zip: 34986 25 Country: U.S.A.	29 Zip: 34986 30 Country: U.S.A.

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOSS, ARDEN JR
401 SW FAIRWAY LANDING
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7500 Reserve Blvd.
83
84 City: Port St. Lucie FL 85 Zip Code: 34986

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	DOSS, ARDEN JR.	1.2 NAME	
STREET ADDRESS	401 SW FAIRWAY LANDING	1.3 STREET ADDRESS	7500 Reserve Blvd.
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	STD	2.1 TITLE	☑ Change ☐ Addition
NAME	DOSS, RENEE MOTTRAM	2.2 NAME	
STREET ADDRESS	401 SW FAIRWAY LANDING	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☑ Change ☐ Addition
NAME	MOTTRAM, JEFFREY	3.2 NAME	
STREET ADDRESS	401 SW FAIRWAY LANDING	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	TINDELL, CHARLES	4.2 NAME	
STREET ADDRESS	406 N WOLD OLIVE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	MEALY, DONNA	5.2 NAME	
STREET ADDRESS	401 SW FAIRWAY LANDING	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arden Doss, Jr. (MR. Arden Doss, Jr.) MAY 24, 1995 (407) 468-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00703480