FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90208 039 ****61.25

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DOCUMENT # **N50185**

1. Corporation Name

WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3350 NW ROYAL OAK DRIVE JENSEN BEACH FL 34957 US	3350 NW ROYAL OAK DRIVE JENSEN BEACH FL 34957 US

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

3. Date Incorporated or Qualifed: 08/03/1992

4. FEI Number: 65-0389710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

DOSS, ARDEN JR
7500 RESERVE BLVD
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)

83 3350 NW ROYAL OAK DRIVE

84 City JENSEN BEACH **FL** 85 Zip Code 34957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DOSS, ARDEN JR.		1.2 NAME		
STREET ADDRESS	7500 RERSERVE BLVD		1.3 STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DOSS, RENEE MOTTRAM		2.2 NAME		
STREET ADDRESS	7500 RESERVE BLVD		2.3 STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TINDELL, CHARLES		3.2 NAME		
STREET ADDRESS	7500 RESERVE BLVD		3.3 STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ROWE, RHONDA S.		4.2 NAME		
STREET ADDRESS	7500 RESERVE BLVD.		4.3 STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/22/99 (561) 692-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #