

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50185

1. Entity Name

WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90110 042 ****61.25

Principal Place of Business

Mailing Address

3350 NW ROYAL OAK DRIVE
 JENSEN BEACH FL 34957
 US

3350 NW ROYAL OAK DRIVE
 JENSEN BEACH FL 34957-3401
 US

103230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Port St. Lucie, FL
 34986

Country

Zip

Jensen Beach, FL
 34958

Country

65-0389710

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOSS, ARDEN JR
 3350 NW ROYAL OAK DRIVE
 JENSEN BEACH FL 34957

Name

Lorraine H. Forte

Street Address (P.O. Box Number is Not Acceptable)

1004 NE Business Park PL

City

Jensen Beach

FL

Zip Code

34957

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME DOSS, ARDEN JR.
 STREET ADDRESS 3350 NW ROYAL OAK DRIVE
 CITY-ST-ZIP JENSEN BEACH FL 34957

☒ Delete

TITLE PD
 NAME Cecile LaBlanc
 STREET ADDRESS 1126 SW SWAN LAKE CIR
 CITY-ST-ZIP PORT ST LUCIE, FL 34986

☐ Change ☒ Addition

TITLE STD
 NAME DOSS, RENEE MOTTRAM
 STREET ADDRESS 3350 NW ROYAL OAK DRIVE
 CITY-ST-ZIP JENSEN BEACH FL 34957

☒ Delete

TITLE SD
 NAME DORIS COWAN
 STREET ADDRESS 1136 SW SWAN LAKE CIR
 CITY-ST-ZIP PORT ST LUCIE, FL 34986

☐ Change ☒ Addition

TITLE D
 NAME TINDELL, CHARLES
 STREET ADDRESS 3350 NW ROYAL OAK DRIVE
 CITY-ST-ZIP JENSEN BEACH FL 34957

☒ Delete

TITLE TD
 NAME CAROLYN HONCHELL
 STREET ADDRESS 1720 SW Mockingbird Lane
 CITY-ST-ZIP PORT ST LUCIE, FL 34986

☐ Change ☒ Addition

TITLE ST
 NAME ROWE, RHONDA S.
 STREET ADDRESS 3350 NW ROYAL OAK DRIVE
 CITY-ST-ZIP JENSEN BEACH FL 34957

☐ Delete

TITLE VPD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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:

Cecile LaBlanc President

(561) 692-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)