FILED
Aug 20, 2001 8:00 am
Secretary of State

07-24-2001 90022 029 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50185

1. Entity Name

Westbrook Isles Condominium Association, Inc

Principal Place of Business	Mailing Address
SW Swan Lake Circle Port St. Lucie, Fl. 34986	PO Box 65 Jensen Beach, FL 34958

[redacted]

50395

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
Lorraine H. Forte 1294 NE Business Park Place Jensen Beach, FL 34957	Name Street Address (P.O. Box Number is Not Acceptable) City / FL / Zip Code

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 Lorraine H. Forte
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LA BLANC, CECILE 1124 SW SWAN LAKE CIR Port St. Lucie, Fl 34986 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COWAN, DORIS 1196 SW SWAN LAKE CIR Port St Lucie, Fl 34986 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HONCHELL, CAROLYN 1220 SW MOCKINGBIRD LN Port St Lucie, Fl 34986 X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBI, LINDA 1140 SW SWAN LAKE CIR Port St Lucie, Fl 34986 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROWE, RHONDA S. 3950 NW ROYAL OAK DR Jensen Beach, Fl 34957 ☐ 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	D GILLEN, KEVIN 3950 NW ROYAL OAK DR Jensen Beach, Fl 34957 ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: X Cecile LeBlanc July 18 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #