

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90032 023 \*\*\*\*61.25

**DOCUMENT # N50185**

1. Entity Name

**WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

SW SWAN LAKE CIRCLE  
 PORT SAINT LUCIE FL 34986  
 US

P O BOX 65  
 JENSEN BEACH FL 34958  
 US



2. Principal Place of Business

3. Mailing Address

*1109 SW Swanlake Cir*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

*Port St. Lucie, FL*

4. FEI Number

*65-0389710*

Applied For

Not Applicable

Zip

Country

Zip

Country

*34986*

*USA*

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

FORTE, LORRAINE H  
 1274 NE BUSINESS PARK PLACE  
 JENSEN BEACH FL 34957

Name

*Naomi E. MEWHIRTER*

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

*1109 SW Swanlake Circle*

City

*Port St Lucie*

FL

Zip Code

*34986*

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

*Naomi E. Mewhirter*

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

(NOTE: Registered Agent signature required when reinstating)

*April 3, 2002*

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**  Delete  
 NAME **LA BLANC, CECILE**  
 STREET ADDRESS **1126 SW SWAN LAKE CIRCLE**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **President**  Change  Addition  
 NAME **Naomi E. Mewhirter**  
 STREET ADDRESS **1132 SW Swanlake Cir**  
 CITY-ST-ZIP **Port St Lucie FL 34986**

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

TITLE **Treasurer / 2nd V.P.**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **JACOBI, LINDA**  
 STREET ADDRESS **1140 SW SWAN LAKE CIRCLE**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **Treasurer**  Change  Addition  
 NAME **Laurette Marceau**  
 STREET ADDRESS **1124 SW Swanlake Circle**  
 CITY-ST-ZIP **Port St Lucie, FL 34986**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE **D**  Delete  
 NAME **GILLEN, KEVIN**  
 STREET ADDRESS **3350 NW ROYAL OAK DR**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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:

*Naomi E. Mewhirter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/03/02 561-871-5769*

Date Daytime Phone #

CR2E037 (9/01)