# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2004 8:00 am**
**Secretary of State**
04-19-2004 90349 002 ****61.25

DOCUMENT # N50185

1. Entity Name
WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| SW SWAN LAKE CIRCLE<br>PORT SAINT LUCIE, FL 34986 US | SW SWAN LAKE CIRCLE<br>PORT SAINT LUCIE, FL 34986 US |

04082004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1109 SW Swan Lake Circle<br>Suite, Apt. #, etc. | 1109 SW Swan Lake Circle<br>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**

MEWHIRTER, NAOMI E
1109 SW SWANLAKE CIRCLE
PORT SAINT LUCIE, FL 34986

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Naomi E. Mewhirter PD Naomi E Mewhirter 04/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MEWHIRTER, NAOMI E<br>1132 SW SWAN LAKE CIRCLE<br>PORT SAINT LUCIE, FL 34986 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1109 SW SWANLAKE CIRCLE<br>PORT ST LUCIE, FL 34986 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COLLINS, PATRICIA<br>1123 SW SWAN LAKE CIRCLE<br>PORT SAINT LUCIE, FL 34986 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CIOTTI, JANE<br>1109 SW SWANLAKE CIRCLE<br>PORT ST LUCIE, FL 34986 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MARCEAU, LAURETTA<br>1124 SW SWAN LAKE CIRCLE<br>PORT SAINT LUCIE, FL 34986 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GIBSON, FRANCES<br>1109 SW SWANLAKE CIRCLE<br>PORT ST. LUCIE, FL 34986 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ROWE, RHONDA S.<br>3350 NW ROYAL OAK DRIVE<br>JENSEN BEACH, FL 34957 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ASCRAFT, JOHN<br>1745 Binney Drive<br>FORT PIERCE FL 34949 US |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GILLEN, KEVIN<br>3350 NW ROYAL OAK DR<br>JENSEN BEACH, FL 34957 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, THOMAS<br>POST OFFICE BOX 2353<br>VERO BEACH, FL 32961 US |
| 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 NAOMI E. MEWHIRTER 04/15/04 772-871-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 24048099

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2004

WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.
SW SWAN LAKE CIRCLE
PORT SAINT LUCIE, FL 34986 US

SUBJECT: WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N50185

We have received your document for WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC. and check(s) totaling $61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00022992