2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90271 031 ****61.25

DOCUMENT # N50185

1. Entity Name
WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1109 SW SWAN LAKE CIR. PORT SAINT LUCIE, FL 34986 US	1109 SW SWAN LAKE CIR. PORT SAINT LUCIE, FL 34986 US

03082006 Chg-NP CR2E037 (11/05)

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
EAST, DOUGLAS A 1109 SW SWANLAKE CIRCLE PORT SAINT LUCIE, FL 34986	Name EWALD, DIANE M. Street Address (P.O. Box Number is Not Acceptable) 1109 SW SWAN LAKE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Diane M. Ewald DIANE M. EWALD 4-10-06
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, 2006

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 EAST, DOUGLAS A 1109 SW SWAN LAKE CIR. PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAYRE, STEPHANIE A 1109 SW SWAN LAKE CIR. PORT SAINT LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANCES M. GIBSON 1109 SW SWAN LAKE CIRCLE PORT ST. LUCIE, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RHODES, PATRICIA 1109 SW SWAN LAKE CIR. PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PALLADINO, JANICE 1109 SW SWAN LAKE CIR PT ST LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EAST, BONNIE 1109 SW SWAN LAKE CIR PT ST LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIANE M. EWALD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EWALD, DIANE M. 1126 SW SWAN LAKE CIRCLE PORT ST. LUCIE, FL 34986	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diane M. Ewald DIANE M. EWALD 4-10-06 772-336-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #