2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N50185**

WESTBR		ES CONDOMINIUI	M ASSOCIATION, IN	c.			04-13-2006	90271 03	31 ****6	1.25
1109 SW SWAN LAKE CIR. 110		Mailing Address 1109 SW SWAN LAKE CI PORT SAINT LUCIE, FL							(ti es a : la pi	
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (11/05)	
City & State			City & State	City & State			710	,	<u> </u>	plied For at Applicable
Zip			Zip	Coun	lry	5. Certificate of Status Desired		<u>, , , , , , , , , , , , , , , , , , , </u>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
EAST, DOUGLAS A					Name EWALD, DIANE M.					
1109 SW SWANLAKE CIRCLE PORT SAINT LUCIE, FL 34986					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 the obligat	named entity tions of regist	y submits this statement for tered agent.	the purpose of changing its r	egistered	office or registe	ered agent, or both	, in the State of Fk	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed	and M. E.			M, EU		1 14 N man	DATE	10-06	<u>; </u>
		e is \$61.25 day 1, 2006	9. Election Carn Trust Fund Co			\$5.00 May Be		ake check ida Depart		
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10.	PD PD	Say 1, 2006 OFFICERS AND DIR	Trust Fund Co	ontributio	n. 🗆 🗧	Added to Fees	Flor	ida Depart	ment of St	ate f
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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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PROVIDED NAME OF BISINING OFFICER OR DIRECTOR

Date

Descriptions

Description of the corporation of the receiver or trustee empowered and the information indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered.

SIGNATURE AND TYPED OR PROVIDED NAME OF BISINING OFFICER OR DIRECTOR

Date Description or the corporation of the corporation of the corporation or the receiver or trustee empowered 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 a required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as a required by Chapter 617. Florida Statutes, 1 further certify that the information indicated on this report as a required by Chapter 617. Florida Statutes, 1 further certify that the information indicated on the receiver or trustee empower or trustee empower or trustees and the receiver of the corporation of