2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# N50185

Entity Name: WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1109 SW SWAN LAKE CIR.
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

1109 SW SWAN LAKE CIR.
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0389710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWALD, DIANE M
1109 SW SWAN LAKE CIRCLE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

FORDYCE, JAMIE
1109 SW SWAN LAKE CIRCLE
PORT SAINT LUCIE, FL 34986 US

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: JAMIE FORDYCE 01/19/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GIBSON, FRANCES M
Address: 1109 SW SWAN LAKE CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete
Name: RHODES, PATRICIA
Address: 1109 SW SWAN LAKE CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete
Name: EWALD, DIANE M
Address: 1126 SW SWAN LAKE CIRCLE
City-St-Zip: PT ST LUCIE, FL 34986

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BECKER, PATRICIA
Address: 1109 SW SWAN LAKE CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P (X) Change ( ) Addition
Name: FORDYCE, JAMIE P
Address: 1109 SW SWAN LAKE CIRCLE
City-St-Zip: PT ST LUCIE, FL 34986

Title: VP ( ) Change (X) Addition
Name: AMARAL, MARIA
Address: 1109 SW SWAN LAKE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE FORDYCE P 01/19/2008
Electronic Signature of Signing Officer or Director Date