05071999-90068-033-$61.25-$61.25

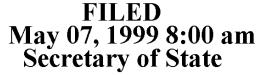| NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000003289

1. Corporation Name

WESTBROOKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2955 PINEDA CAUSEWAY SUITE 117 MELBOURNE FL 32940	~~2955 PINEDA CAUSEWAY~~ ~~SUITE 117~~ ~~MELBOURNE FL 32940~~

2. Principal Place of Business [21]	2a. Mailing Address [26] 200 North First Street	3. Date Incorporated or Qualified 07/11/1995	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number 59-3375403	Applied For / Not Applicable
City & State [23]	City & State [28] Cocoa Beach FL	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip [24]	Country [25]	Zip [29] 32931 Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
WATRSKY, MORRIS J 700 N.W. 107 AVENUE MIAMI FL 33172	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE _____

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, RUTH		1.2 NAME		
STREET ADDRESS	2955 PINEDA CAUSEWAY, SUITE 117		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	D P	☒ Change ☐ Addition
NAME	RAMSEY, LUREEN		2.2 NAME		
STREET ADDRESS	2955 PINEDA CAUSEWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STORM, CHARLOTTE		3.2 NAME		
STREET ADDRESS	2955 PINEDA CAUSEWAY, SUITE 117		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D VP	☐ Change ☒ Addition
NAME			4.2 NAME	Elizabeth Alward	
STREET ADDRESS			4.3 STREET ADDRESS	2955 Pineda Causeway	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Melbourne FL 32940	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/29/99   407-255-9097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)