

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003289

1. Entity Name

WESTBROOKE HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 038 ****61.25

Principal Place of Business

Mailing Address

2955 PINEDA CAUSEWAY
SUITE 117
MELBOURNE FL 32940

200 N FIRST ST
COCOA BEACH FL 32931-2924

2. Principal Place of Business

3. Mailing Address

200 N. First Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa Beach FL

Zip

Country

Zip

Country

32931

USA

4. FEI Number

59-3375403

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

WATRSKY, MORRIS J
700 N.W. 107 AVENUE
MIAMI FL 33172

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RAMSEY, LUREEN
2955 PINEDA CAUSEWAY
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STORM, CHARLOTTE
2955 PINEDA CAUSEWAY, SUITE 117
MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALWARD, ELIZABETH
2955 PINEDA CAUSEWAY
MELBOURNE FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4087 US Highway 1 South #3
Rockledge FL 32955 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
4087 US Highway 1 South #3
Rockledge FL 32955 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Kathleen Odell
4087 US Highway 1 South #3
Rockledge FL 32955 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00 (321) 433-2007

Date

Daytime Phone #

CR: 037 (9/9/1)