

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90911 009 ****61.25

DOCUMENT # N95000003289

1. Entity Name

WESTBROOKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2955 PINEDA CAUSEWAY
 SUITE 117
 MELBOURNE FL 32940**

**200 N FIRST ST
 COCOA BEACH FL 32931**

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

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 Delete
 NAME **DP RAMSEY, LUREN**
 STREET ADDRESS **2955 PINEDA CAUSEWAY**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **4087 5 US 1**
 CITY-ST-ZIP **Rockledge FL 32955**

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

TITLE Change Addition
 NAME **DST Kathy O'Dell**
 STREET ADDRESS **4087 5 US 1**
 CITY-ST-ZIP **Rockledge FL 32955**

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

TITLE Change Addition
 NAME **D Dan Herman**
 STREET ADDRESS **4087 5 US 1**
 CITY-ST-ZIP **Rockledge FL 32955**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE