

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91521 022 \*\*\*\*61.25

DOCUMENT # N95000003289

1. Entity Name

Westbrooke Homeowners Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4087 Hwy 1 South

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 236684

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Rockledge, FL

City & State  
Cocoa, FL

4. FEI Number  
59-3375403

Applied For

Not Applicable

Zip  
32955

Country

Zip  
32923-6684

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Morris J. Watrsky

Street Address (P.O. Box Number is Not Acceptable)

700 N.W. 107 Avenue

City  
Miami

FL

Zip Code  
33172

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/D  
Dan Herman  
4087 Hwy 1 South  
Rockledge, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP/D  
Kathy O'Dell  
4087 Hwy 1 South  
Rockledge, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/T/D  
Dave Daniels  
4087 Hwy 1 South  
Rockledge, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E037B (12/01)