

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50185

Entity Name: WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1109 SW SWAN LAKE CIR.
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**1109 SW SWAN LAKE CIR.
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 65-0389710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLLENGARDEN, PETER
250 SOUTH AUSTRALIAN AVENUE
5TH FLOOR
WEST PALM BEACH, FL 33401 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:** PETER MOLLENGARDEN

04/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name HEATH, PATRICIA
Address 1109 SW SWAN LAKE CIR.
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TREASURER, DIRECTOR
Name PALLADINO, JANICE
Address 1109 SW SWAN LAKE CIR.
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY, DIRECTOR
Name CENTRELLA, GEORGE
Address 1109 SW SWAN LAKE CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title PRESIDENT, DIRECTOR
Name VITALE, PAUL D
Address 1109 SW SWAN LAKE CIR.
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name ANDREWS, MARY L.
Address 1109 SW SWAN LAKE CIR.
City-State-Zip: PORT SAINT LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HEATH

VICE PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date