2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50185

Entity Name: WESTBROOK ISLES CONDOMINIUM ASSOCIATION, INC.

FILED Feb 27, 2014 **Secretary of State** CC5709328961

Current Principal Place of Business:

1109 SW SWAN LAKE CIR. PORT SAINT LUCIE. FL 34986

Current Mailing Address:

POST OFFICE BOX 1863 PALM CITY. FL 34991 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

02/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title **DIRECTOR**

Name HEATH, PATRICIA Name PALLADINO, JANICE

Address 1109 SW SWAN LAKE CIR. Address 1109 SW SWAN LAKE CIR.

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title Title

GOLDSTEIN, KATE Name Name MARCEAU, LAURETTE

Address 1109 SW SWAN LAKE CIRCLE Address 1109 SW SWAN LAKE CIRCLE PORT SAINT LUCIE FL 34986 City-State-Zip:

PORT SAINT LUCIE FL 34986 City-State-Zip:

Title PRESIDENT, DIRECTOR Title

VITAL, PAUL D Name COWAN, DORIS

1109 SW SWAN LAKE CIR. Address Address 1109 SW SWAN LAKE CIRCLE City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

DIRECTOR

Name AMARAL, ANDREA

Name

Title

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.

02/27/2014 SIGNATURE: PAUL D. VITAL **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date