

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

ENSOR, JACOB ESQ.  
C/O ROSS EARLE BONAN & ENSOR, P.A.  
789 SW FEDERAL HWY SUITE 101  
STUART, FL 34994 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:** JACOB ENSOR

12/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY, DIRECTOR  
Name            HARVEY, ADRIENNE  
Address        1109 SW SWAN LAKE CIR.  
City-State-Zip: PORT SAINT LUCIE FL 34986

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

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

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

Title            DIRECTOR  
Name            CENTRELLA, GEORGE  
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:** WILFRED HERNANDEZ

**PRESIDENT**

12/18/2018

Electronic Signature of Signing Officer/Director Detail

Date