

2018 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:**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**03/22/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	DIRECTOR
Name	MACGILLIVRAY, HEATHER
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: DAVID HEALY**PRESIDENT****03/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date