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	E: JACOB ENSOR			01/03/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER, DIRECTOR	Title	PRESIDENT, DIRECTOR	
Name	MACGILLIVRAY, HEATHER	Name	CARABIA, M. ANN	
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	VP, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	CENTRELLA, GEORGE	Name	COOPER, JENNIFER	
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	DIRECTOR			
Name	AMANDOLA, PHIL			
Address	1109 SW SWAN LAKE CIR.			

## 2020 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

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: M. ANN CARABIA

City-State-Zip: PORT SAINT LUCIE FL 34986

PRESIDENT

01/03/2020

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 03, 2020 Secretary of State 0464724845CC

Date