

**2017 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

03/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT, DIRECTOR  
Name AMANDOLA, PHIL  
Address 1103 SW SWAN LAKE CIRCLE, #102  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TREASURER, DIRECTOR  
Name ANDREWS, MARY L.  
Address 1149 SW SWAN LAKE CIRCLE, #604  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR  
Name ANDREWS, JODI K.  
Address 1145 SW SWAN LAKE CIRCLE, #602  
City-State-Zip: PORT ST. 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:** PHIL AMANDOLA

PRESIDENT

03/24/2017

Electronic Signature of Signing Officer/Director Detail

Date