

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003289

Entity Name: WESTBROOKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

928 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Current Mailing Address:

928 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

FEI Number: 59-3375403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MGMT. OF BREVARD
928 E. NEW HAVEN AVE
MELBOURNE, FL 32901 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: CYNTHIA MARRS

03/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JERDON, KEITH
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name SCHUETTE, ROBERT
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title VP
Name HUFFAKER, WALLY
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name VOLTZ, HELEN
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name FARRELL, LINDA
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name DURFEE, LYLE
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title DAL
Name METTRICK, BILL
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

Title DAL
Name GOLDBERG, SUSAN
Address 928 E. NEW HAVEN AVE.
City-State-Zip: MELBOURNE FL 32901

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: HELEN VOLTZ

TREASURER

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date