

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000148821

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC7130616929**

**Entity Name:** EQUITY ONE (WESTPORT) INC.

**Current Principal Place of Business:**

1600 NE MIAMI GARDENS DRIVE  
N MIAMI BEACH, FL 33179

**Current Mailing Address:**

1600 NE MIAMI GARDENS DRIVE  
N MIAMI BEACH, FL 33179 US

**FEI Number:** 20-1813868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CEOD  
Name           OLSON, JEFFREY S  
Address        1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: N MIAMI BEACH FL 33179

Title           VP  
Name           GALLAGHER, ARTHUR L  
Address        1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: N MIAMI BEACH FL 33179

Title           VPT  
Name           LANGER, MARK  
Address        1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: N MIAMI BEACH FL 33179

Title           VP  
Name           CHOQUETTE, KEN  
Address        1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: N MIAMI BEACH FL 33179

Title           P  
Name           CAPUTO, THOMAS  
Address        1600 NE MIAMI GARDENS DRIVE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title           DVPS  
Name           KITLOWSKI, AARON  
Address        410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON KITLOWSKI

**DVPS**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date