

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148821

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	LUKES, DAVID
Address	410 PARK AVENUE SUITE 1220
City-State-Zip:	NEW YORK NY 10022

Title	COO
Name	MAKINEN, MICHAEL
Address	410 PARK AVENUE SUITE 1220
City-State-Zip:	NEW YORK NY 10022

Title	VPT
Name	OSTROWER, MATTHEW
Address	410 PARK AVENUE SUITE 1220
City-State-Zip:	NEW YORK NY 10022

Title	VP
Name	CHOQUETTE, KEN
Address	1600 NE MIAMI GARDENS DRIVE
City-State-Zip:	N 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**SECRETARY****02/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date