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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Marchant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752481** (2)
1. Corporation Name
WESTBROOKE VILLAS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O MIAMI MANAGEMENT, INC.
14500 SW 119 AVE 14275 SW 11
MIAMI FL 33186

Mailing Address: C/O MIAMI MANAGEMENT, INC.
14500 SW 119 AVE 14275 SW 142 AVE
MIAMI FL 33186

3. Date Incorporated or Qualified 05/15/1980	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2070612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. C/O Miami Management Inc. Suite, Apt. #, etc. 22. 14275 SW 142 AVE City & State 23. Miami Florida Zip 24. 33186	2a. Mailing Address 25. C/O Miami Management Inc. Suite, Apt. #, etc. 27. 14275 SW 140 AVE City & State 28. Miami Florida Zip 29. 33186	Country 25. DANE	Country 30. DANE
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9. Name and Address of Current Registered Agent
TRIAI, CARLOS A., ESQ.
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33143

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, last or printed name of registered agent and title if applicable) _____ (Signature, last or printed name of registered agent when appointing) _____ (Title)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BENIGNO, SUAREZ MIKE TEJAL 1428 SW 134 PL MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD GUAREZ, SOFIA 13458 S.W. 11TH TERR. MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD IGLESIAS, RALPH 13341 SW 74 ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD NESTOR, CALAS 1121 SW 134 PL MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D QUANT, ANGEL 18470 SW 12 LN MIAMI FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	PD TAHAP MIKE 14164 SW 134 PLACE MIAMI FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	FRANK CANEVA 13531 SW 11 TERRACE MIAMI FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rafael Rodriguez**
SIGNATURE AND TYPED ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
3-8-95 **378-113**