

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:27



Principal Place of Business Mailing Address
C/O MIAMI MANAGEMENT, INC.
14275 SW 142ND AVE.
MIAMI FL 33186 C/O MIAMI MANAGEMENT, INC.
14275 SW 142ND AVE.
MIAMI FL 33186

3. Date Incorporated or Qualified 05/15/1980 3a. Date of Last Report 03/15/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country
24 25 29 30

4. FEI Number 59-2070612 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS A., ESO.
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME TAHAN, MIKE
STREET ADDRESS 1464 SW 134TH PLACE
CITY-ST-ZIP MIAMI FL 33184
TITLE D DELETE
NAME GANEIA, FRANK
STREET ADDRESS 13531 S.W. 11TH TERR.
CITY-ST-ZIP MIAMI FL
TITLE PD DELETE
NAME IGLESIAS, RALPH
STREET ADDRESS 13341 SW 74 ST.
CITY-ST-ZIP MIAMI FL 33184
TITLE TD DELETE
NAME NESTOR, CALAS
STREET ADDRESS 1121 SW 134 PL
CITY-ST-ZIP MIAMI FL 33184
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D Change Addition
1.2 NAME TEHAN, MIKE
1.3 STREET ADDRESS 13800 SW 8TH STREET, #407
1.4 CITY-ST-ZIP MIAMI FL 33184
2.1 TITLE D Change Addition
2.2 NAME GARCIA, FRANK
2.3 STREET ADDRESS 13531 SW 11TH TERR.
2.4 CITY-ST-ZIP MIAMI FL 33184
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE S/D Change Addition
4.2 NAME RODRIGUEZ, EMILIO
4.3 STREET ADDRESS 1120 SW 134TH PLACE
4.4 CITY-ST-ZIP MIAMI FL 33184
5.1 TITLE VP/D Change Addition
5.2 NAME SUAREZ, BENIGNO
5.3 STREET ADDRESS 1128 SW 134TH PLACE
5.4 CITY-ST-ZIP MIAMI FL 33184
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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:

Benigno Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BENIGNO SUAREZ, VICE-PRESIDENT

4/30/96

Date

305-378-0130

Daytime Phone #

CR2E037 (12/95)