

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
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 **05/10/1996**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 **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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAHAN, MIKE	
STREET ADDRESS	13800 SW 6TH STREET, #407	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANEIA, FRANK	
STREET ADDRESS	13531 S.W. 11TH TERR.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	IGLESIAS, RALPH	
STREET ADDRESS	13341 SW 74 ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NESTOR, CALAS	
STREET ADDRESS	1121 SW 134 PL	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, EMILIO	
STREET ADDRESS	1120 SW 134TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUAREZ, BENIGNO	
STREET ADDRESS	1128 SW 134TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D RUANO, FRANCISCO
2.3 STREET ADDRESS	1121 SW 134th Place
2.4 CITY-ST-ZIP	Miami FL 33184
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D GARCIA, VICTOR
4.3 STREET ADDRESS	13434 SW 14th Terrace
4.4 CITY-ST-ZIP	Miami FL 33184
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *Benigno Suarez VP* 4-7-97 305-378-0130

CR2E037 (9/96)