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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90032 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752481

1. Corporation Name
WESTBROOKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE. MIAMI FL 33186	Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE. MIAMI FL 33186
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/15/1980	4. FEI Number 59-2070612	Applied For 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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TRIAY, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, RALPH	1.2 NAME	RIZZACASA, MARILYN
STREET ADDRESS	13341 SW 74 ST.	1.3 STREET ADDRESS	13410 SW 17 TERR. CIR. N
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, VICTOR	2.2 NAME	GARCIA VICTOR
STREET ADDRESS	13434 SW 14TH TERR	2.3 STREET ADDRESS	13434 SW 14 TERR.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EMILIO	3.2 NAME	DENIS, MARIA E.
STREET ADDRESS	1120 SW 134TH PLACE	3.3 STREET ADDRESS	13426 SW 17 TERR. CIR. N.
CITY-ST-ZIP	MIAMI FL 33184	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, BENIGNO	4.2 NAME	SUAREZ, BENIGNO
STREET ADDRESS	1128 SW 134TH PLACE	4.3 STREET ADDRESS	1128 SW 134 PLACE
CITY-ST-ZIP	MIAMI FL 33184	4.4 CITY-ST-ZIP	MIAMI, FL 33184
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GARCIA, JOSE
STREET ADDRESS		5.3 STREET ADDRESS	13484 SW 11 TERR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X* _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-99 Daytime Phone #: 305-378-0130

CR2E037 (11/98)