DOCUMENT # 752481 FILED May 15, 2000 8:00 am WESTBROOKE VILLAS HOMEOWNERS ASSOCIATION, INC. Secretary of State 05-15-2000 90251 044 ****61.25 Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT, INC. C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE. 14275 SW 142ND AVE. MIAMI FL 33186-6715 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2070612 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TRIAY, CARLOS A., ESQ. 999 PONCE DE LEON BLVD. STE. 1110 City Zip Code CORAL GABLES FL 33143 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ΙD XX Change TITLE PD ☐ Delete TITLE Addition NAME RIZZACASA, MARILYN NAME RIZZACASA, MARILYN STREET ADDRESS STREET ADDRESS 13410 SW 17 TERR CIR N 13410 SW 17 TERR CIR N CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 MIAM! FL 33184 TITLE TD X Delete TITLE Change Ch Addition NAME GARCIA, VICTOR NAME RODRIGUEZ, EMILIO STREET ADDRESS STREET ADDRESS 13434 SW 14TH TERR 1120 SW 134 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL <u>MIAMI FL 33184</u> TITLE SD Delete TITLE X Change Addition NAME NAME DENIS, MARIA E DENIS, MARIA E. STREET ADDRESS STREET ADDRESS 13426 SW. 17 TER CIR N. 13426 SW 17 TERR N. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33184 <u>MIAMI FL 33175</u> TITLE Delete TITLE XX Change ☐ Addition NAME **BENIGNO. SUAREZ** NAME SUAREZ, BENIGNO 1128 SW 134 PLACE STREET ADDRESS 1128 SW 134TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 MIAMI FL 33184 VPD Delete Change ☐ Addition TITLE TITLE GARCIA, JOSE NAME STREET ADDRESS STREET ADDRESS 13484 S.W. 11 TER CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

GARCIA VP

4/24/00

305-378-0130

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered