


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90052 024 \*\*\*\*61.25

<b>DOCUMENT # 752481</b>			
1. Entity Name <b>WESTBROOKE VILLAS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE. MIAMI, FL 33186</b>		Mailing Address <b>C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE. MIAMI, FL 33186</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TRIAI, CARLOS A., ESQ.</b> <b>999 PONCE DE LEON BLVD.</b> <b>STE. 1110</b> <b>CORAL GABLES, FL 33143</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>10570 NW 27 Street</b> <b>Suite # 103</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RODRIGO, GUSTAVO</b> <b>13427 SW 13 LANE</b> <b>MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HERNANDEZ, ALEIDA</b> <b>1122 SW 134 PLACE</b> <b>MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROSADO, RICHARD</b> <b>13425 SW 17 TERRACE, CIR., NORTH</b> <b>MIAMI, FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TODD, LYNN</b> <b>13421 SW 14 TERRACE</b> <b>MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GARCIA, MARIA</b> <b>13484 S.W. 11 TER</b> <b>MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2070612** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**SIGNATURE:** *Mary Garcia* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #