

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 004 ****61.25

DOCUMENT # 752481 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2070612	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRIAY, CARLOS A., ESQ. 10570 NW 27 STREET STE. 103 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87 AVE Suite #100 City Miami FL Zip Code 33178	
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 2/16/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGO, GUSTAVO <input checked="" type="checkbox"/> Delete 13427 SW 13 LANE MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, ALEIDA <input checked="" type="checkbox"/> Delete 1122 SW 134 PLACE MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSADO, RICHARD <input type="checkbox"/> Delete 13425 SW 17 TERRACE, CIR., NORTH MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, LYNN <input checked="" type="checkbox"/> Delete 13421 SW 14 TERRACE MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, MARIA <input type="checkbox"/> Delete 13484 S.W. 11 TER MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Aleida Hernandez 1122 SW 134 Place Miami FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lynn Todd 13421 SW 14 Terrace Miami FL 33184				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/08/06 305-286-0257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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