

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90152 025 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2070612**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAY, CARLOS A., ESQ.
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33143**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	RODRIGO, GUSTAVO	13427 SW 13 LANE MIAMI FL 33184				
	VPD	HERNANDEZ, ALEIDA	1122 SW 134 PLACE MIAMI FL 33184				
	SD	CESPEDEZ, MARLENE	1127 SW 134 PLACE MIAMI FL 33184				
	D	ALVAREZ, ALBERT L	13416 SW 12 TERR MIAMI FL 33184				
	TD	GARCIA, MARIA	13484 S.W. 11 TER MIAMI FL 33184				

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: **SIGNATURE REQUIRED** *[Signature]* **Pct BOD 2-13-03**

CR2E037 (10/02)