

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763873

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** WESTBURY ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1637 NW 20TH ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

1637 NW 20TH ST  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 65-0078632      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLAKE, DONNA  
1637 NW 20ST  
HOMESTEAD, FL 33030      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: JACOB, DAYLE  
Address: 1544 NW 20 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: HAMILTON, JAMES  
Address: 1620 NW 19 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: NEVILLE, ILEANA  
Address: 1564 NW 20 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: RUSTIN, LINDA  
Address: 1600 NW 19TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD      ( ) Delete  
Name: BLAKE, DONNA  
Address: 1637 NW 20 ST  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD      (X) Change ( ) Addition  
Name: BLAKE, DONNA  
Address: 1637 NW 20TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BLAKE

VP

07/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date