# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2009**
**Secretary of State**

DOCUMENT# 763873

**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 ( )**

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

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

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

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: BLAKE, DONNA
Address: 1637 NW 20TH STREET
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: ( ) 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:

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 PSD 02/05/2009

Electronic Signature of Signing Officer or Director — Date