FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -7 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H12996** **(5)**

1. Corporation Name
WESTBROOKE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
9040 SONSET DR. #15 MIAMI FL 33173	9040 SONSET DR. #15 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/18/1984**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2511971** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BINGHAM, REID~~
~~201 SOUTH BISCAYNE BLVD.~~
~~SUITE 2000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: ROBBINS, CHARLES D. ~~BLACKWELL WALKER~~
82 Street Address (P.O. Box Number is Not Acceptable): 2500 SUN BANK INTL BUILDING
83: ONE S.E. THIRD AVENUE ~~24TH FLOOR~~
84 City: Miami **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles D. Robbins — 3/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAP	11 TITLE	☐ Change ☐ Addition
NAME	CARR, JAMES	12 NAME	900001452049
STREET ADDRESS	9040 SUNSET DR #15	13 STREET ADDRESS	-04/10/95--01044--007
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	****800.00 ****200.00
TITLE	VTS	21 TITLE	☐ Change ☐ Addition
NAME	EISENACHER, L H	22 NAME	
STREET ADDRESS	9040 SUNSET DR #15	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	CHERNYS, LEONARD	32 NAME	
STREET ADDRESS	9040 SUNSET DR #15	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	MEDLECOT, RICHARD	42 NAME	
STREET ADDRESS	9040 SUNSET DR #15	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	V. ☐ Change ☒ Addition
NAME	~~CARR, BETH LAZOR~~	52 NAME	STONE, BOB
STREET ADDRESS	~~9040 SUNSET DR #15~~	53 STREET ADDRESS	9040 SUNSET DRIVE, #15
CITY-ST-ZIP	~~MIAMI FL~~	54 CITY-ST-ZIP	MIAMI FL. 33173
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	IBARRIA, DIANA	62 NAME	
STREET ADDRESS	9040 SUNSET DR. #15	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold L. Eisenacher

0100407 CP