FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

WESTBROOKE COMMUNITIES, INC.

Principal Place of Business

9040 SONSET DR. #15
MIAMI FL 33173

Mailing Address

9040 SONSET DR. #15
MIAMI FL 33173

2. Principal Place of Business
21 9350 SUNSET Drive
Suite, Apt. #, etc.
22 Suite # 100
City & State
23
Zip 24 County 25

2a. Mailing Address
26 9350 SUNSET Drive
Suite, Apt. #, etc.
27 Suite #100
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **07/18/1984**
3a. Date of Last Report: **04/07/1995**
4. F.E.I. 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

ROBBINS,CHARLES D.
2500 SUN BANK BUILDING
ONE S.E. 3RD AVE 24TH FL
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 900 SUN Bank BUILDING
83 797 Brickell AVENUE
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAP	☐ DELETE	D.P.	☒ Change ☐ Addition
NAME	CARR, JAMES			
STREET ADDRESS	~~9040 SUNSET DR #15~~			
CITY-ST-ZIP	~~MIAMI FL~~			
TITLE	VTS	☐ DELETE	***000.00	☐ Change ☐ Addition
NAME	EISENACHER, L H			
STREET ADDRESS	~~9040 SUNSET DR #15~~		9350 SUNSET Drive, Suite 100	
CITY-ST-ZIP	MIAMI FL		Miami, FL 33173	
TITLE	VAS	☐ DELETE		☐ Change ☐ Addition
NAME	CHERNYS, LEONARD			
STREET ADDRESS	~~9040 SUNSET DR #15~~		9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL~~		Miami, FL 33173	
TITLE	VAS	☐ DELETE		☐ Change ☐ Addition
NAME	MEDLECOT, RICHARD			
STREET ADDRESS	~~9040 SUNSET DR #15~~		9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL~~		Miami, FL 33173	
TITLE	VAS	☐ DELETE		☐ Change ☐ Addition
NAME	IBARRIA, DIANA			
STREET ADDRESS	~~9040 SUNSET DR. #15~~		9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL~~		Miami, FL 33173	
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS			9350 Sunset Drive, Suite 100	
CITY-ST-ZIP			Miami, FL 33173	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete, and includes 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 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 added to the report with an address.

SIGNATURE: HAROLD L. EISENACHER, V.P. 1/31/96 (305) 595-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date