## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H12996

WESTBROOKE COMMUNITIES, INC.

(•)			(5)	
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## FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			T SABURDY ASAN CINNA TIDIA SALLA LELIK BESI WIRIY BERI BIRK GIRIY BIRKI GIRIY BIRNI RELI						
9350 SUNSET DR. SUITE 100 9350 SUNSET DR. S		9350 SUNSET DR. SUIT MIAMI FL 33173-3245	TE 100						
						3. Date Incorporated or Qualified 07/18/1984		e of Last R <b>0/1996</b>	teport
2. Principal F	Place of Business	2a. Mailing Address		•		4. FEI Number	<u> </u>	Ar	optied For
21		26				59-2511971		No.	ot Applicable
Suite, ∆pI <b>22</b>	. #, €tc.	Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75 / Fee Re	Additionat equired
City & Sta	de	City & State			···	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	C	ountry		8. This corporation has liability for in			199.032,
24	25	29	30				Yes L		
	9. Name and Address of Currer	t Registered Agent		81	Name	10. Name and Address of New Reg	jistered A	gent	
	BBINS, CHARLES D.			"	Mame				
	0 SUN BANK BLDG 7 BRICKELL AVE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	AMI FL 33131			83	<del> </del>				
İ				84	City			85 Zip i	Code
					•		FL	1 1	
• agent. La SIGNATURE.	arn familiar with, and accept the oblig					orporation submits this statement for the pration's board of directors. I hereby acception in the property of	DATE		
12.	OFFICERS AN		13			ADDITIONS/CHANGES TO OFFIC			
1-111.6	PD AND AND CO	☐ DELETE	- 1	TITLE	İ			Change	Addition Addition
NAME	CARR, JAMES 9350 SUNSET DR. SUITE 100		1	NAME	}				
STREET ADORESS	MIAMI FL 33173		•		ADDRESS				
CITY-\$'-7IP	VIS	DELETE		CITY-S	T-ZIP			Change	L Addition
TITLE	EISENACHER, L H	ET INCIDITE	1	TITLE	1		ļ	Calainge	Addition
NAME STREET ADDRESS	AARA OLINIOPT OD OLITE 400		4	NAME CTOSET	ADDRESS				
CHY-ST-ZIP	MIAMI FL 33173		1	GITY-S	1				
TITLE	VAS	DELETE		TITLE	ol- Kit			Change	[] Additio
NAME	CHERNYS, LEONARD	·	- 1	NAME	1		•		
STREET ADDRESS	AAPA OLINIOET DO CHITTE 400		1		ADDRESS				
CHY-SI-7F	MIAMI FL 33173			CITY-S					
HILE	VAS	☐ DELETE		TITLE		1.20	^	Change	Addition
NAME	MEDLECOT, RICHARD		4.2	NAME		<b>VW</b> ~	$u_{cI}$		
STREET ADDRESS			4.3	STREET	ADDRESS	., 16			
CHY-S1-719	MIAMI FL 33173		4.4	CITY-S	t · ZIP	421	-		
TITLE	VAS	☐ DELETE		TITLE				☐ Change	Addition
NAM:	IBARRIA, DIANA			NAME					
STREET ADDRESS			1		ADDRESS				
Clin-21-Ab	MIAMI FL 33173	Dr. ere		CITY-S	T-ZIP			1 01	1 4 4 400
TITLE		DELETE		TITLE	ļ	30000214 -04/15/970102	328	3 Spange	Addition
NAME				NAME		-04/15/970102	2400	18	
STREET ADDRESS					ADDRESS	***990.00			
CHY-ST-ZIP	The south that the information applies	d with this filing dose got au		CITY-S		ed in Section 119 07(3)(i) Florida Statutes	Liuthar	codify that	Ab. a

I do 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 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 chapted, or or an attachment with an address

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

305-595-328/

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