

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 28 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H12996

(5)

1. Corporation Name

WESTBROOKE COMMUNITIES, INC.



Principal Place of Business

Mailing Address

9350 SUNSET DR. SUITE 100  
MIAMI FL 33173

9350 SUNSET DR. SUITE 100  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1984

4. FEI Number

59-2511971

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D.  
900 SUN BANK BLDG  
777 BRICKELL AVE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYES ST.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Deborah A. Skipper, as agent

4-28-98

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
CARR, JAMES  
STREET ADDRESS 9350 SUNSET DR. SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME VTS  
EISENACHER, L H  
STREET ADDRESS 9350 SUNSET DR. SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME VAS  
CHERNYS, LEONARD  
STREET ADDRESS 9350 SUNSET DR. SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ DELETE

NAME VAS  
MEDLECOT, RICHARD  
STREET ADDRESS 9350 SUNSET DR. SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME VAS  
IBARRIA, DIANA  
STREET ADDRESS 9350 SUNSET DR. SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P  
1.3 STREET ADDRESS 800002512968--7  
1.4 CITY-ST-ZIP -05/06/98--01036--011  
\*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Mike McCraw  
6.3 STREET ADDRESS 5999 Summerside Dr., Ste 110  
6.4 CITY-ST-ZIP Dallas TX 75252

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

HAROLD L. EISENACHER

4/25/98

305-  
595-3281

CR2E034 (10/97)