

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 # **K55594** (1)

1. Corporation Name

**WESTBROOK MANAGEMENT CORPORATION**



Principal Place of Business

**1411 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**

Mailing Address

**1411 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COATS, ROSETTA C.  
1411 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**12/27/1988**

3a. Date of Last Report

**02/14/1995**

4. FEI Number

**59-2924163**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPC** ☐ DELETE  
NAME **MATTHEWS, OWEN STROUD**  
STREET ADDRESS **2034 COVE TRAIL**  
CITY-STATE-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE  
NAME **HAMILTON, ROBERT D**  
STREET ADDRESS **4384 CAROLWOOD ST**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **SCHAUBLE, JAMES HENRY**  
STREET ADDRESS **315 PICKERING COURT**  
CITY-STATE-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE  
NAME **FABER, CRAIG OWEN**  
STREET ADDRESS **5011 LIDO ST**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE **VP** ☐ DELETE  
NAME **GLANCY, DANIEL G.**  
STREET ADDRESS **5409 ENDICOTT PLACE**  
CITY-STATE-ZIP **OVIEDO FL**

TITLE **S** ☐ DELETE  
NAME **COATS, ROSETTA C.**  
STREET ADDRESS **1411 S ORANGE BLOSM TRL**  
CITY-STATE-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

*Daniel G. Glancy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL G. GLANCY** (407) 841-3310  
Date: Signature Printed Name

CR2E034 (12/95)