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Jun 09, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K55594

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1988

4. FEI Number

59-2924163

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPC
MATTHEWS, OWEN STROUD**
STREET ADDRESS **2034 COVE TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D
KENNETH J SASS**
STREET ADDRESS **134 NEVADA CT**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **VTD
GLANCY, DANIEL G.**
STREET ADDRESS **5409 ENDICOTT PLACE**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ DELETE

NAME **S
COATS, ROSETTA C.**
STREET ADDRESS **1411 S ORANGE BLOSM TRL**
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDRESS ☒ Change ☐ Addition
**816 Howard Terrace NW
Winter Haven, FL 33881**

ADDRESS ☒ Change ☐ Addition
**17 S. Westmoreland Dr.
Orlando, FL 32805**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. MATTHEWS

6/1/99 (407) 841-3310 ext 191

CR2E034 (11/98)