		· · · · · · · · · · · · · · · · · · ·			·	and the second of the second o	***
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							
	PROFIT RPORATION	FLORIDA DEPART			E	]	
ANNUAL REPORT 1999		Secretary of State  DIVISION OF CORPORATIONS		FILED			
DOOLBAENT # >						99 JAN 13 PM 4: 3	3
DOCUMENT # M77296							_
WESTBURY EMERALD GREENS, INC.				_		SECRETARY OF STAT	E DA Anni Kirii Kirii Kirii Kirii Kirii 1886
Principal Place of Business Mailing Address							
Principal Place of Business Mailing Address 2200 GORDON DR 2200 GORDON			-				
NAPLES FL 341		NAPLES FL 34102 US				DO NOT WRITE IN THIS	SPACE
100						3. Date Incorporated or Qualifed	
Principal Place of Business     2a. Mailing Address					4.7	04/21/1988 4. FEI Number	Applied For
21	Light of Dashiess	26			ž	65-0104586	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State		City & State			<del>-</del> -	6 Floring Carpolage Financing	Fee Required
23	- ` ′		- 5			Trust Fund Contribution	\$5.00 May Be Added to Fees_
Zlp	Country	Zip	Coun	try		8. This corporation owes the current year Int	angible
24   25   29   30						Personal Property Tax.  10. Name and Address of New Registered	
81 Name							
BOND, SCHOENECK & KING 1167 THIRD STREET SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34102			 	83		<del></del>	
·			4 City			85 Zip Code	
	· · · · · · · · · · · · · · · · · · ·					FL	.     ` `
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 a	nd title if applicable (NOTE R	enistered A	oent Signatu	ne required	when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TTL				Change
NAME STREET ADDRESS	DEGROOTE, GARY W 1455 LAKESHORE RD STE 201N		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	BURLINGTON ON L7L2J		1.4.CITY-ST-ZIP		20	1	75251
TITLE	DP DELETE		2.1 TMLE				Change ☐ Addition
NAME	DEGROOTE, MICHAEL H.			2.2 NAME		100002747	'8014 <sup> </sup>
STREET ADDRESS	1100 BURLOAK DRIVE		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		58	-01/20/99(	01961022
CITY-ST-ZIP	BURLINGTON ON L7L2J DV	☐ DELETE	3.1 TITL		<del> -</del> -	****150.00	71961-022 Schänge 131 1800 100
NAME	LUCHAK, FRED		3.2 NAM				
STREET ADDRESS	11 VICTORIA STREET		3 3 STREET ADDRESS		ss	_	
CITY-ST-ZIP	HAMILTON HMEX BE			3.4. CITY-ST-ZIP			ERMUDA Addition ☐ Addition
TITLE NAME	DVS PEKARUK, JERRY	广7 per∈(E	4.1 TITLE 4. 2 NAM				Prouside Tivedings
STREET ADDRESS	1100 BURLOAK DRIVE			EET ADDRES	ss		
CITY-ST-ZIP	BURLINGTON ON L7L6B		4.4 CITY-ST-ZIP				L7L 6B2 ☐ Change ☐ Addition
mle	٧	DELETE	5.1 TITLE				☐ Change ☐ Addition
NAME	SEXTON, DAVID N.		5.2 NAM	E ET ADDRES			
STREET ADORESS CITY-ST-ZIP	1167 THIRD STREET SOUTH NAPLES FL 34102		5.4 CITY		~		•
TITLE	MATLEO FL 39 10Z	☐ DELETE	6.1 TITLE		+		Change Addition

6.4 CITY-ST-ZIP

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.

6.2 NAME

6.3 STREET ADORESS

**SIGNATURE:** 

NAME

STREET ADDRESS

SIGNATERS AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR