
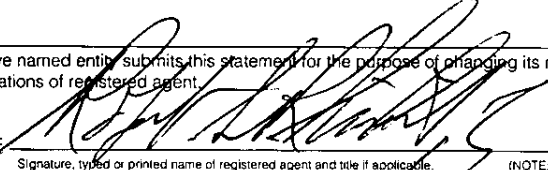
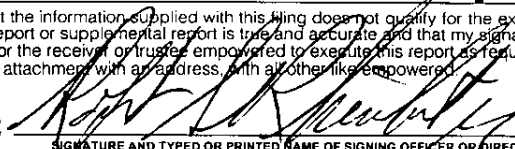


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010727			
1. Entity Name WESTBROOK VILLAGE HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business 1184 B CAPITAL CIR. NE TALLAHASSEE, FL 32301	
Mailing Address 1184 B CAPITAL CIR. NE TALLAHASSEE, FL 32301		2. Principal Place of Business - No P.O. Box # 644 Capital Circle NE	
3. Mailing Address PO BOX 13089		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32301		Country US	
Zip 32317		Country US	
6. Name and Address of Current Registered Agent RAGHEB, GEORGE 1184 B CAPITAL CIR. NE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: Robert S. Rhinehart, CAM Street Address (P.O. Box Number is Not Acceptable): Executive Management Services Inc 644 Capital Circle NE City: Tallahassee FL Zip Code: 32301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/10/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGHEB, GEORGE 1184 B CAPITAL CIR. NE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Harris, Roderick 2773 Westbrook Ct. Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGHEB, BASOY 1184 B CAPITAL CIR. NE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brophy, George 6744 Johnston Loop Tallahassee FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, J. SHANNON 2910 KERRY FOREST PKWY. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200102239542 05/14/07--01010--027 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

5/1/07