

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90016 010 \*\*\*\*61.25

<b>DOCUMENT # N11695</b> 1. Entity Name <b>WESTREE HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O WEST BROWARD COMMUNITY MGMT. 11530 STATE ROAD 84 DAVIE, FL 33325 US</b>		Mailing Address <b>2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>Association Services of Fla. 10112 USA Today Way Miramar, Florida 33025 US</b>	
4. FEI Number <b>59-2809295</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01142008    Chg-NP    CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>MEYROWITZ, ANDREW DCI ASSOCIATION SERVICES 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>BARBARA HERNDON, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>ASSOCIATION SERVICES OF FLORIDA 10112 USA Today Way Miramar FL 33025</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>2/1/08</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>P</b> <b>ORTEGA, CARLOS M</b> <b>276 WESTREE LN</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	<b>Change</b> <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>VP</b> <b>FISHNER, NANCY</b> <b>548 WESTREE LANE</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>T</b> <b>SMITH, ROBERT</b> <b>564 WESTREE LN</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>S</b> <b>REICHEL, GEORGANN</b> <b>546 WESTREE LANE</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b> <b>COUTANT, MEL</b> <b>504 WESTREE LN</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D</b> <b>WILLIAMS, CLAIRE</b> <b>550 WESTREE LANE</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <b>MELVIN A. COUTANT</b> <b>2/1/08</b> <b>954 378 894</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>			

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