

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N12779 (7)**
1. Corporation Name
WESTROADS CENTER CONDOMINIUM ASSOCIATION, INC.

95 JAN 26 PM 3:47

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/26/1985 | 3a. Date of Last Report 03/02/1994 |
| 4. FBI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|------------------------|--|------------|
| Principal Place of Business | | Mailing Address | |
| % AVM PROPERTIES LTD 120 SPARROW DR. 108 ROYAL PALM BCH FL 33411 US | | % AVM PROPERTIES LTD 2919-E N MILITARY TRL. BOX 360 WEST PALM BEACH FL 33409 US | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 Suite, Apt. #, etc. | 25 Suite, Apt. #, etc. | | |
| 22 City & State | 27 City & State | | |
| 23 Zip | 29 Zip | Country | 30 Country |

9. Name and Address of Current Registered Agent

BRABON, JERRY
% AVM PROPERTIES LTD
2919-E N MILITARY TRAIL, BOX 360
WEST PALM BEACH FL 33409

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | BRABON, JERRY A. |
| STREET ADDRESS | 1675 PALM BCH LAKES BLVD |
| CITY-ST-ZIP | WEST PALM BCH FL |
| TITLE | VD |
| NAME | COLELLA, NICK |
| STREET ADDRESS | 1675 PALM BCH LAKES BLVD |
| CITY-ST-ZIP | WEST PALM BCH FL |
| TITLE | AST |
| NAME | BRABON, JERRY A. |
| STREET ADDRESS | 1675 PALM BCH LAKES BLVD |
| CITY-ST-ZIP | WEST PALM BCH FL |
| TITLE | STD |
| NAME | ADAMS, JUSTIN |
| STREET ADDRESS | 1675 PALM BCH LAKES BLVD |
| CITY-ST-ZIP | WEST PALM BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE: Jerry A. Brabon 1/13/95 407-785-1320
 JERRY A. BRABON, President Date Telephone #