

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business  
**% AVM PROPERTIES LTD  
120 SPARROW DR. 108  
ROYAL PALM BCH FL 33411  
US**

Mailing Address  
**% AVM PROPERTIES LTD  
2919-E N MILITARY TRL. BOX 360  
WEST PALM BEACH FL 33409  
US**

3. Date Incorporated or Qualified **12/26/1985** 3a. Date of Last Report **01/26/1995**  
4. FEI Number **NOT APPLICABLE** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRABON, JERRY A.	
STREET ADDRESS	1675 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLELLA, NICK	
STREET ADDRESS	1675 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BRABON, JERRY A.	
STREET ADDRESS	1675 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JUSTIN	
STREET ADDRESS	1675 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>40-AVM Properties Ltd. 2919-E No. Military Trail, #360 West Palm Beach, Fl. 33409</i>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>40-AVM Properties Ltd. 2919-E No. Military Trail, #360 West Palm Beach, Fl. 33409</i>
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 if changed, or on an attachment with an address.

SIGNATURE: *Jerry A. Brabon* DATE: *1/22/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JERRY A. BRABON, PRES.** Daytime Phone #

CR2E037 (12/95)