

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 013 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12779

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABON, JERRY A.	1.2 NAME	
STREET ADDRESS	2919-E NORTH MILITARY TRAIL, 360	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLELLA, NICK	2.2 NAME	
STREET ADDRESS	1675 PALM BCH LAKES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABON, JERRY A.	3.2 NAME	
STREET ADDRESS	2919-E NORTH MILITARY TRAIL, #360	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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.

SIGNATURE: *Jerry A. Brabon, President* Date: 7-6-99 Daytime Phone #: 561 715 1320

CR2E037 (5/99)