

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90108 036 \*\*\*\*70.00

**DOCUMENT # N12779**

1. Entity Name  
**WESTROADS CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>% AVM PROPERTIES LTD          SPARROW DR. 108          WEST PALM BCH FL 33411</b>	Mailing Address <b>% AVM PROPERTIES LTD          2919-E N MILITARY TRL. BOX 360          WEST PALM BEACH FL 33409          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>BRABON, JERRY          % AVM PROPERTIES LTD          2919-E N. MILITARY TRAIL, #360          WEST PALM BEACH FL 33409</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRABON, JERRY A. 2919-E NORTH MILITARY TRAIL, 360 WEST PALM BCH FL</b> <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	<b>VD COLELLA, NICK 1675 PALM BCH LAKES BLVD WEST PALM BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: *Jerry A. Brabon* **1-9-02**

CR2E037 (9/01)