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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N28678

(3)

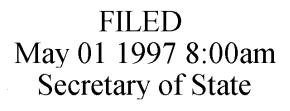
WESTPORT HOMEOWNERS ASSOCIATION, INC.

261 NORTHWEST 108TH AVENUE PLANTATION FL 33324

Principal Place of Business

Mailing Address

100 N.W. B2ND AVE. STE. #402





PLANTATION FI US	L 33324	STE. #402 PLANTATION FL 33324-1835			
05		PERMITTION PE 35324-1003		3. Date incorporated or Qualified 10/04/1988	3a. Date of Last Report 04/04/1996
	lace of Business	2a. Mailing Address	· 	4. FEI Number 65-0106582	Applied For
21 / 6 Suite Ant	360 KesTREZ ST.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23 P/A	WEATTON, FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 333			o		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
	LO, JAMES		B2 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)
	RTHWEST 108 AVENUE		-		······
PLANTA	TION FL 33324		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named co	progration submits this statement for the	
office or i	egistered agent, or both, in the State of	Florida, Such change was aut	thorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	pt the appointment as registered
			Janaico.		
SIGNATURE	James Cappiello Signature, typed of printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent eignature rec	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JUSTIZ, LAWRENCE B		1.2 NAME	•	
STREET ADDRESS	100 N.W. 82ND AVENUE, SUITI	E 402	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CAPPIELLO, JAMES		2.2 NAME	•	
STREET ADDRESS	100 NW 82ND AVENUE, SUITE	402	2.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33324		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	GOODYEAR, REBECCA		32 NAME	•	
STREET ADDRESS	100 NW 82ND AVENUE, SUITE	402	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP	4 - 4	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		
	by certify that the information supplied	with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the

into maleby certify that the mornialities supplied with this mind does not quality for the exemption stated in Section 119.07(3)(f). 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 eath; 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 130 if changed, or on an attachment with an address.

SIGNATURE

INTER AND TYPED OF PRINTING HAME OF SKINING OFFICER OR DIRECTOR

4/4/97 (954) 370 -Alle Daytime Phone # 00372