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FILED

Jun 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N28678 (3)

1. Corporation Name

WESTPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10360 KESTREL ST.
PLANTATION FL 33324
US

100 N.W. 82ND AVE.
STE. #402
PLANTATION FL

2. Principal Place of Business

2a. Mailing Address

21 10097 Cleary Blvd.

26 10097 Cleary Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 252

27 Suite 252

City & State

City & State

23 Plantation, FL

28 Plantation, FL

Zip

Zip

24 33324

29 33324

Country

Country

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/04/1988

4. FEI Number

65-0106582

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Mitchell Fogel

82 Street Address (P.O. Box Number Not Acceptable)

2499 Glades Road

83

Suite 105

84 City

Boca Raton

FL

85 Zip Code

33431

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

[Signature]

[Signature] MICHAEL C. FOGEL

3/12/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD JUSTIZ, LAWRENCE B
STREET ADDRESS 100 N.W. 82ND AVENUE, SUITE 402
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ DELETE

NAME VD CAPIELLO, JAMES
STREET ADDRESS 100 NW 82ND AVENUE, SUITE 402
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ DELETE

NAME STD GOODYEAR, REBECCA
STREET ADDRESS 100 NW 82ND AVENUE, SUITE 402
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President/Director
1.3 STREET ADDRESS Ronald Robino
1.4 CITY-ST-ZIP 10097 Cleary Blvd Suite 252
Plantation, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Vice President - Secretary/Director
2.3 STREET ADDRESS Steve Lipman
2.4 CITY-ST-ZIP 10097 Cleary Blvd Suite 252
Plantation, FL 33324

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Vice President - Treasurer/Director
3.3 STREET ADDRESS Gail E. Weiss
3.4 CITY-ST-ZIP 10097 Cleary Blvd Suite 252
Plantation, FL 33324

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 600002576655
6.3 STREET ADDRESS -07/01/98-01006-011
6.4 CITY-ST-ZIP ***\$1.25

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 on or as an attachment with an address.

SIGNATURE: *[Signature]* STEVE LIPMAN 3/12/98

CR2E037 (10/97)