2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 04, 2004 8:00 am Secretary of State DOCUMENT # N28678 1. Entity Name 03-04-2004 90017 035 ****61.25 WESTPORT HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State 4. FEI Number City & State 65-0106582 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) 10191 W. SAMPLE RD. **CORAL SPRINGS FL 33065** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change **Addition** Delete TITLE TITLE BARRON, ROBERT NAME NAME BILL PLEASANTS 580 NW 108 AVE 02 NW 105 +DTERRACE OLANTATION, FL 33324 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP VPD Delete Change Addition TITLE ROCRO, RANDY NAME NAME TPPMAN, STEVE 10961 NW 8 STREET STREET ADDRESS 985 NW5HOT. STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - 💹 Addition Delete TITLE DILE BROWNELL, RICHARD NAME 10970 NW 6 CT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition C Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

with all other tike empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED