

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90175 035 ****61.25

DOCUMENT # N28678

1. Entity Name
WESTPORT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**10191 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
US**

Mailing Address
**10191 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0106582**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDERAZZO, JAMES
10191 W. SAMPLE RD.
CORAL SPRINGS FL 33065**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BERENATO, THOMAS**
STREET ADDRESS **321 NW 110 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **W/O Randy Roero** ☐ Change ☒ Addition
NAME **10961 NW 8 Street**
STREET ADDRESS **Plantation FL 33324**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARRON, ROBERT**
STREET ADDRESS **580 NW 108 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Brownell**
STREET ADDRESS **10970 NW 6 CT**
CITY-ST-ZIP **Plantation FL 33324**

TITLE **D** ☒ Delete
NAME **RITTOR, TOM**
STREET ADDRESS **351 NW 110 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Barron President

1/18/2003

Daytime Phone #

CR2E037 (10/02)