FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 16 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43178

1. Corporation Name
WESTFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19200 SW 57TH CT FT LAUDERDALE FL 33332 US	19200 SW 57TH CT FT LAUDERDALE FL 33332 US

3/2/99 90081 023 $61.25

2. Principal Place of Business	2a. Mailing Address
21 19200 SW 54 CT.	26 19200 SW 54 CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft Lauderdale FL.	28 Ft Lauderdale FL.
24 Zip 33332 25 Country USA	29 Zip 33332 30 Country USA

3. Date Incorporated or Qualified: 04/25/1991

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

HOWELL, LANCE
19200 SW 57TH CT
FT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent

81 Name: Dotty Braggs
82 Street Address (P.O. Box Number Is Not Acceptable)
83 19200 SW 54 CT.
84 City: Ft Lauderdale FL 85 Zip Code: 33332

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: Carmen Howell Dotty Braggs 8-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☑ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BRAGGS, DOTTY		1.2 NAME	Dotty Braggs	
STREET ADDRESS	14200 SW 54TH CT.		1.3 STREET ADDRESS	19200 SW 54 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft LAUDERDALE FL 33332	
TITLE	DP	☑ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	HOWELL, LANCE		2.2 NAME	Maritza Craig	
STREET ADDRESS	19200 SW 57TH CT		2.3 STREET ADDRESS	19201 SW 54 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft Lauderdale FL. 33332	
TITLE	DT	☑ DELETE	3.1 TITLE	S/T	☒ Change ☐ Addition
NAME	HOWELL, CARMEN		3.2 NAME	Carmen Howell	
STREET ADDRESS	19200 SW 57TH CT		3.3 STREET ADDRESS	19200 SW 57 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft LAUDERDALE FL 33332	
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			5.4 CITY-ST-ZIP		
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		

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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, or added in connection with an address with another like empowered.

SIGNATURE: Carmen Howell Carmen Howell 8-13-99 (954) 680-014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #