

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90110 018 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000003736**

1. Corporation Name

**WESTBRIDGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1749 LOMBARDY DRIVE  
CLEARWATER FL 33755  
US

Mailing Address

1749 LOMBARDY DRIVE  
CLEARWATER FL 33755  
US



2. Principal Place of Business 21 <b>613 OAK AVE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>CLEARWATER, FL</b> Zip Country 24 <b>33756</b> 25		2a. Mailing Address 26 <b>P.O. BOX 413</b> Suite, Apt. #, etc. 27 City & State 28 <b>CLEARWATER, FL</b> Zip Country 29 <b>33757</b> 30		3. Date Incorporated or Qualified <b>06/27/1997</b> 4. FEI Number <b>59-3457848</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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9. Name and Address of Current Registered Agent

**DRAZKOWSKI, MICHAEL A**  
**1749 LOMBARDY DRIVE**  
**CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>613 OAK AVE.</b>
83	
84 City	<b>CLEARWATER FL</b>
85 Zip Code	<b>33756</b>

11. Pursuant to the provisions of Sections 617.05C2 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, 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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAZKOWSKI, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>1749 LOMBARDY DRIVE</b>	1.3 STREET ADDRESS	<b>613 OAK AVE.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33756</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAZKOWSKI, LINDA</b>	2.2 NAME	
STREET ADDRESS	<b>1749 LOMBARDY DRIVE</b>	2.3 STREET ADDRESS	<b>613 OAK AVE.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33756</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAPMEYER, DONALD C</b>	3.2 NAME	
STREET ADDRESS	<b>635 CLEVELAND STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**MICHAEL DRAZKOWSKI** 20 APRIL 99 727-4420498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)