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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 <b>613 OAK AVE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>CLEARWATER, FL</b> Zip 24 <b>33756</b> Country	2a. Mailing Address 26 <b>P.O. BOX 413</b> Suite, Apt. #, etc. 27 City & State 28 <b>CLEARWATER, FL</b> Zip 29 <b>33757</b> Country	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</b>	85 Zip Code <b>FL 33756</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DRAZKOWSKI, MICHAEL 1749 LOMBARDY DRIVE CLEARWATER FL 34615</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRAZKOWSKI, LINDA 1749 LOMBARDY DRIVE CLEARWATER FL 34615</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNAPMEYER, DONALD C 635 CLEVELAND STREET CLEARWATER FL 34615</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>613 OAK AVE. CLEARWATER, FL 33756</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>613 OAK AVE. CLEARWATER, FL 33756</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E037 (1/198)