2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N99000005895

Entity Name: WESTBROOK ESTATES HOMEOWNERS ASSOCIATION, INC,

Current Principal Place of Business:

10012 N DALE MABRY HWY, SUITE 223
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10012 N DALE MABRY HWY, SUITE 223
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3627696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BRIAN K
10012 N DALE MABRY HWY, SUITE 223
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PORTO, DAVID
Address: 27126 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: VD ( ) Delete
Name: FIORENTINO, PATRICIA
Address: 5255 MAPLEBROOK WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD ( ) Delete
Name: ANDERSON, ROBERT S
Address: 27343 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: FIORENTINO, PATRICIA
Address: 5255 MAPLEBROOK WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: GARCED, MARY
Address: 27036 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Change (X) Addition
Name: LENHART, JOHN
Address: 5336 VILLAGEBROOK DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PORTO PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date