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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90006 012 ***900.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000036637

1. Corporation Name

WESTBROOKE AT SPRING VALLEY, INC.



Principal Place of Business

Mailing Address

9350 SUNSET DRIVE
100
MIAMI FL 33173
US

9350 SUNSET DRIVE
100
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

65-0418787

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, CHARLES D ESQU
900 SUN BANK BUILDING
777 BRICKELL AVENUE
MIAMI FL 33131

81 Name

Robbins Charles D. ESQU

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

2699 S. Bayshore Dr.

83

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME DP
CARR, JAMES
STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VTS
EISENACHER, L. HAROLD
STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VA
CHERNYS, LEONARD
STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VA
IBARRIA, DIANA
STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

[Signature]

Harold EISENACHER

4/28/99

(305) 595-3281

CR2E034 (11/98)