

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035653 (2)

1. Corporation Name

WESTBROOKE AT PEMBROKE PINES, INC.

Principal Place of Business

9040 SUNSET DR 15
MIAMI FL 33173

Mailing Address

9040 SUNSET DR 15
MIAMI FL 33173



2. Principal Place of Business

2a. Mailing Address

21 9350 SUNSET DRIVE
Suite, Apt. #, etc.

26 9350 SUNSET DRIVE
Suite, Apt. #, etc.

22 Suite # 100
City & State

27 Suite # 100
City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D
2500 SUN BANK INT'L BUILDING
ONE SE THIRD AVENUE
MIAMI FL 33131

81 Name

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

83

84 City

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
03/31/1995

4. FFI Number
65-0510377

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 block if applicable.

(NOTE: Registered Agent signature required when first step)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARR, JAMES
STREET ADDRESS 9040 SUNSET DR 15
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

TITLE VTS
NAME EISENACHER, L. H
STREET ADDRESS 9040 SUNSET DRIVE #15
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VAS
NAME CHERNYS, LEONARD
STREET ADDRESS 9040 SUNSET DRIVE #15
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VAS
NAME MEDLECOT, RICHARD S
STREET ADDRESS 9040 SUNSET DR #15
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VAS
NAME IBARRIA, DIANA
STREET ADDRESS 9040 SUNSET DR #15
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
1.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
2.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
3.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
4.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100
5.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: HAROLD L. EISENACHER, U.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 (805) 595-3231

CR2E034 (12/95)