

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055530 (7)

1. Corporation Name

WESTBROOKE AT WINSTON TRAILS, INC.



Principal Place of Business

Mailing Address

9350 SUNSET DRIVE  
SUITE 100  
MIAMI FL 33173  
US

9350 SUNSET DRIVE  
SUITE 100  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number

65-0520173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hayes St.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 Deborah W. Skipper as agent

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

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

TITLE V ☒ DELETE

NAME STONE, BOB  
STREET ADDRESS 9350 SUNSET DRIVE, SUITE 100  
CITY-ST-ZIP MIAMI FL

TITLE VAS ☐ DELETE

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

TITLE VTS ☐ DELETE

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

TITLE VAS ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002508629-0 ☐ Change ☐ Addition

-05/04/98--01007--011

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ 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 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 4/25/98

305-595-3281

CR2E034 (10/97)