

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000055539 (8)**

1. Corporation Name
WESTBROOKE AT WINSTON PARK, INC.

Principal Place of Business

**9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173**

Mailing Address

**9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173-3245**

FILED
Apr 02 1997 8:00am
Secretary of State



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

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0580171

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

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

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

Sign in type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARR, JAMES	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STONE, BOB	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LEONARD, CHERNYS	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	EISENACHER, L.H.	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.L. Eisenacher
H.L. Eisenacher

Date

Daytime Phone #

3/18/97 305-595-3281

CR2E034 (9/96)