

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 # S59059 (3)

1. Corporation Name

WESTBURY PALISADES, INC.



Principal Place of Business

Mailing Address

2200 GORDON DRIVE
NAPLES FL 33940

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NAPLES FL 33940

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 S ORANGE AVE
ORLANDO FL

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
DEGROOTE, MICHAEL W
STREET ADDRESS
1100 BURLOAK DRIVE
CITY-STATE-ZIP
BURLINGTON, ONT, CA

1.1 TITLE
1.2 NAME
DEGROOTE, MICHAEL W
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
276682

TITLE ☐ DELETE

2.1 TITLE
2.2 NAME
DIV/S
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
276682

NAME
PEKARUK, JERRY
STREET ADDRESS
1100 BURLOAK DRIVE
CITY-STATE-ZIP
BURLINGTON, ONT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

NAME
DEGROOTE, GARY W
STREET ADDRESS
1455 LAKESHORE RD. STE. 201N
CITY-STATE-ZIP
BURLINGTON, ONTARIO

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

NAME
LUCHAK, FRED
STREET ADDRESS
11 VICTORIA ST
CITY-STATE-ZIP
HAMILTON HM EX BE

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP

TITLE ☒ DELETE

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-STATE-ZIP

NAME
SEXTON, DAVID N
STREET ADDRESS
1167 THIRD STREET SO.
CITY-STATE-ZIP
NAPLES FL

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP

TITLE ☐ DELETE

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Jerry Pekaruk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96
Date

941-262-3244
Daytime Phone #

CR2E034 (12/95)