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FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2200 GORDON DRIVE
NAPLES FL 34102-7648

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

4. FEI Number

65-0406529

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

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
32801

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	DP	<input type="checkbox"/> DELETE
NAME	DEGROOTE, MICHAEL H.	
STREET ADDRESS	1100 BURLOAK DRIVE	
CITY-ST-ZIP	BURLINGTON, ONT, CA	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PEKARUK, JERRY	
STREET ADDRESS	1100 BURLOAK DRIVE	
CITY-ST-ZIP	BURLINGTON, ONT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEGROOTE, GARY W	
STREET ADDRESS	1455 LAKESHORE RD. STE. 201N	
CITY-ST-ZIP	BURLINGTON, ONTARIO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUCHAK, FRED	
STREET ADDRESS	11 VICTORIA ST	
CITY-ST-ZIP	HAMILTON HM EX BE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEGROOTE, MICHAEL G.	
STREET ADDRESS	11 VICTORIA STREET	
CITY-ST-ZIP	HAMILTON BE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Feb. 4, 1997

941-262-3214
Date Daytime Phone #

CR2E034 (9/96)