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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN - 7 AM 10:40

DOCUMENT # **V61369** (7)

1. Corporation Name
WESTBROOK ISLES CORPORATION

Principal Place of Business	Mailing Address
401 SW FAIRWAY LANDING PORT ST LUCIE FL 34986	401 SW FAIRWAY LANDING PORT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1992
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 7500 Reserve Blvd	26 7500 Reserve Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, FL	28 City & State: Port St. Lucie, FL
24 Zip: 34986 25 Country: U.S.A.	29 Zip: 34986 30 Country: U.S.A.

4. FEI Number: 65-0354834 ☐ 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

7. 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
DOSS, ARDEN JR 401 SW FAIRWAY LANDING PORT ST LUCIE FL 34986	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 7500 Reserve Blvd 83 84 City: Port St. Lucie FL 85 Zip Code: 34986

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	DOSS, ARDEN JR	12 NAME		
STREET ADDRESS	401 SW FAIRWAY LANDING	13 STREET ADDRESS	7500 Reserve Blvd.	
CITY-ST-ZIP	PORT ST LUCIE FL	14 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	STD	21 TITLE	☒ Change ☐ Addition	
NAME	DOSS, RENEE MOTTRAM	22 NAME		
STREET ADDRESS	401 SW FAIRWAY LANDING	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	☒ Change ☐ Addition	
NAME	MOTTRAM, JEFFREY	32 NAME		
STREET ADDRESS	401 SW FAIRWAY LANDING	33 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: Arden Doss, Jr. (Arden Doss, Jr.) MAY 24, 1995 (407) 468-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038074 CP