

**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 # **V61369** (7)  
1. Corporation Name  
**WESTBROOK ISLES CORPORATION**



Principal Place of Business: **7500 RESERVE BLVD PT ST LUCIE FL 34986 US**  
Mailing Address: **7500 RESERVE BLVD PT ST LUCIE FL 34986 US**

3. Date Incorporated or Qualified: **09/02/1992**  
3a. Date of Last Report: **06/07/1995**  
4. FEI Number: **65-0354834**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**DOSS, ARDEN JR  
7500 RESERVE BLVD  
PORT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOSS, ARDEN JR	
STREET ADDRESS	7500 RESERVE BLVD	
CITY-STATE-ZIP	PORT ST LUCIE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOSS, RENEE MOTTRAM	
STREET ADDRESS	401 SW FAIRWAY LANDING	
CITY-STATE-ZIP	PORT ST LUCIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOTTRAM, JEFFREY	
STREET ADDRESS	401 SW FAIRWAY LANDING	
CITY-STATE-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary / treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Madelyn R.S. Williams	
1.3 STREET ADDRESS	7500 Reserve Blvd.	
1.4 CITY-STATE-ZIP	Port St. Lucie, FL 34986	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Doss, Renee Mottram	
2.3 STREET ADDRESS	7500 Reserve Blvd.	
2.4 CITY-STATE-ZIP	Port St. Lucie, FL 34986	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Arden Doss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Arden Doss, Jr. President**  
Date: *07/14/95*  
Day/Month/Year

CR2E034 (12/95)