

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 737409 (3)**

1. Corporation Name  
**THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II, INC.**



Principal Place of Business <b>2264 WINKLER AVE.                  FT. MYERS FL 33901</b>	Mailing Address <b>2264 WINKLER AVE.                  FT. MYERS FL 33901</b>
---	---

3. Date Incorporated or Qualified <b>12/01/1976</b>	3a. Date of Last Report <b>03/16/1995</b>
4. FEI Number <b>59-1995615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 12670 New Brittany Blvd.</b>	2a. Mailing Address <b>26 12670 New Brittany Blvd</b>
Suite, Apt. #, etc. <b>22 Suite 202</b>	Suite, Apt. #, etc. <b>27 Suite 202</b>
City & State <b>23 Fort Myers FL</b>	City & State <b>28 Fort Myers FL</b>
Zip <b>24 33907</b>	Country <b>25 USA</b>
Zip <b>29 33907</b>	Country <b>30 US</b>

9. Name and Address of Current Registered Agent

**HOLBERT, J. M.  
 2264 WINKLER AVENUE  
 SUITE 201  
 FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name <b>RANDALL MERCEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12670 New Brittany Blvd Ste 202</b>
83 City <b>FORTMYERS</b>
84 State <b>FL</b>
85 Zip Code <b>33907</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Randall Mercer 2/10/94  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>HOLBERT, J. M.</b>	
STREET ADDRESS <b>2264 WINKLER AVE #201</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>RITENOUR, ROBERT</b>	
STREET ADDRESS <b>2264 WINKLER AVE #207</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>COPLY, KATHRYN E.</b>	
STREET ADDRESS <b>2264 WINKLER AVE., #306</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>HANLON, HELEN MARIE</b>	
STREET ADDRESS <b>2264 WINKLER AVE., #204</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FRIEDS, KATHIE</b>	
STREET ADDRESS <b>2264 WINKLER AVE #213</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FOWLER, GERALDINE</b>	
STREET ADDRESS <b>2264 WINKLER AVE #214</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall Mercer 2/10/94 941 9365421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)