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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
12670 NEW BRITTANY BLVD SUITE 202 FT. MYERS FL 33907 US
12670 NEW BRITTANY BLVD SUITE 202 FT. MYERS FL 33907-3650 US

3. Date Incorporated or Qualified 12/01/1976
3a. Date of Last Report 02/15/1996

2. Principal Place of Business 2a. Mailing Address
21 6361 Presidential Ct Suite, Apt. #, etc. 22 114 City & State
23 Ft Myers FL 24 33919 25 Lee
26 6361 Presidential Ct Suite, Apt. #, etc. 27 114 City & State
28 Ft Myers FL 29 33919 30 Lee

4. FEI Number 59-1995615 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MERCER, RANDALL
12670 NEW BRITTANY BLVD
SUITE 202
FT. MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name Thomas Pepitone / Pepitone Realty Management Service
82 Street Address (P.O. Box Number is Not Acceptable) 6361 Presidential Court
83 Suite 114
84 City Ft Myers FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 617.050 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 617.033, Florida Statutes.
SIGNATURE: *Thomas Pepitone* Thomas Pepitone DATE: 3-17-97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM KRANNICH
5.3 STREET ADDRESS	2264 WINKLER AVE #109
5.4 CITY-ST-ZIP	FT MYERS FL 33901
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Thomas Pepitone* Thomas Pepitone DATE: 3-17-97
941 466-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0065428

CR2E037 (9/96)