


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737409 (3)**

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



Principal Place of Business <b>6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US</b>	Mailing Address <b>6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US</b>
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3. Date Incorporated or Qualified  
**12/01/1976**

4. FEI Number <b>59-1995615</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 4210 Metro PARKWAY</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 4210 Metro PARKWAY</b> Suite, Apt. #, etc.
22 City & State <b>23 FT MYERS, FL</b>	27 City & State <b>28 FT. MYERS FL</b>
24 Zip <b>33916</b>	25 Country <b>LEE</b>
29 Zip <b>33916</b>	30 Country <b>LEE</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**PEPITONE, THOMAS  
6361 PRESIDENTIAL CT  
SUITE 114  
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4210 Metro PARKWAY</b>
83	
84 City	<b>FT MYERS</b>
85 Zip Code	<b>FL 33916</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLBERT, J. M.</b>	1.2 NAME	
STREET ADDRESS	<b>2264 WINKLER AVE #201</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITENOUR, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>2264 WINKLER AVE #207</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COPLY, KATHRYN E.</b>	3.2 NAME	<b>5D K.E. Gribble</b>
STREET ADDRESS	<b>2264 WINKLER AVE., #306</b>	3.3 STREET ADDRESS	<b>2264 Winkler Ave</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	<b>FT MYERS, FL.</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANLON, HELEN MARIE</b>	4.2 NAME	
STREET ADDRESS	<b>2264 WINKLER AVE., #204</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRANNICH, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>2264 WINKLER AVE., #109</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, GERALDINE</b>	6.2 NAME	
STREET ADDRESS	<b>2264 WINKLER AVE #214</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_ DATE **2/26/98** 941-774-9101

CR2E037 (10/97)