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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737409

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

Principal Place of Business 4210 METRO PARKWAY FT. MYERS FL 33916 US	Mailing Address 4210 METRO PARKWAY FT. MYERS FL 33916 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/01/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1995615
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PEPITONE, THOMAS
4210 METRO PARKWAY
FT. MYERS FL 33916

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 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 DELETE

TITLE	P
NAME	HOLBERT, J. M.
STREET ADDRESS	2264 WINKLER AVE #201
CITY-ST-ZIP	FT. MYERS FL
TITLE	VP
NAME	RITENOUR, ROBERT
STREET ADDRESS	2264 WINKLER AVE #207
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD
NAME	GRIBBLE, K.E.
STREET ADDRESS	2264 WINKLER AVE., #306
CITY-ST-ZIP	FT. MYERS FL
TITLE	T
NAME	HANLON, HELEN MARIE
STREET ADDRESS	2264 WINKLER AVE., #204
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	KRANNICH, WILLIAM
STREET ADDRESS	2264 WINKLER AVE., #109
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Fort Myers, FL 33901
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2264 Winkler Ave #113
3.4 CITY-ST-ZIP	Fort Myers, FL 33901
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hanton, Helen Marie
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Fort Myers, FL 33901
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Fort Myers, FL 33901
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Fort Myers, FL 33901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3-5-99 441-274-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)