

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 03, 1996 08:00 AM
Secretary of State

DOCUMENT # 769836 (8)
1. Corporation Name
WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address
777 SOUTH FLAGLER DRIVE, SUITE 310 EAST WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified **08/15/1983** 3a. Date of Last Report **03/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 59-2420161	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARK, MICHAEL G
777 SOUTH FLAGLER DRIVE, SUITE 310 EAST
WEST PALM BEACH FL 33401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstatutory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	VP/T/D
NAME	DOBBIN, MITCHELL	1.2 NAME	Al West
STREET ADDRESS	6191 HOOK LANE	1.3 STREET ADDRESS	7777 Glades Road, Suite 410
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	Boca Raton FL
TITLE	VASD	2.1 TITLE	Greg Pillen VP/D
NAME	DALAL, ROGER	2.2 NAME	123 NW 13th St., St. 300
STREET ADDRESS	10560 N.W. 27TH STREET, #101	2.3 STREET ADDRESS	Boca Raton, FL 33432
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	VASD	3.1 TITLE	David Ettinger P/S/D
NAME	DEHN, GEORGE	3.2 NAME	6191 Hook Lane
STREET ADDRESS	900 WEST 49TH STREET	3.3 STREET ADDRESS	Boynton beach, FL 33437
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 **407-482-5105**
Date Daytime Phone #

CR2E037 (12/95)