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May 20 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 # 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

777 SOUTH FLAGLER DRIVE, SUITE 310 EAST
WEST PALM BEACH FL 33401-6161
US



3. Date Incorporated or Qualified
08/15/1983

3a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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

ANDREW B. GLEN

82 Street Address (P.O. Box Number is Not Acceptable)

4301 OAK CIRCLE #23

83

84

City BOCA RATON

FL

85

Zip Code 33431

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 reinstating)

4/24/97.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPTD
NAME WEST, AL
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 310 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE PD.
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME PILLEN, GREG
STREET ADDRESS 123 NW 13TH ST., STE 300
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE TSD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PSD
NAME ETINGER, DAVID
STREET ADDRESS 6191 HOOK LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437

3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)