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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769836

1. Corporation Name

WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **% GLEN MANAGEMENT SVCS**
 Suite, Apt. #, etc.

22 **4301 OAK CIRCLE # 23**
 City & State

23 **BOCA RATON FL**
 Zip Country

24 **33431**

2a. Mailing Address

26 **% GLEN MANAGEMENT SVCS**
 Suite, Apt. #, etc.

27 **4301 OAK CIRCLE # 23**
 City & State

28 **BOCA RATON FL**
 Zip Country

29 **33431** 30

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

59-2420161

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

ST. JOHN, DICKER & CAPLAN
% LOU CAPLAN
500 AUSTRALIAN AVE., S., #600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** DELETE
 NAME **HERZ, HERB**
 STREET ADDRESS **7376 STERLING FALLS LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **SD** DELETE
 NAME **LEHRER, AL**
 STREET ADDRESS **12390 DIVOT DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **PD** DELETE
 NAME **LEVINSON, HAROLD**
 STREET ADDRESS **1211 BAY CLUB DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** DELETE
 NAME **MILLER, RITA**
 STREET ADDRESS **12178 COUNTY GREENS BLVD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** DELETE
 NAME **HOCHMEISER, BARRY**
 STREET ADDRESS **6824 SUN RIVER RD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** DELETE
 NAME **Bembem, Sol**
 STREET ADDRESS **5813 Northpointe Lane**
 CITY-ST-ZIP **Boynton Beach FL 33437**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T/D** Change Addition
 1.2 NAME **Newmark, Bob**
 1.3 STREET ADDRESS **6900 Ashton street**
 1.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

2.1 TITLE **sl D** Change Addition
 2.2 NAME **Schneider, Don**
 2.3 STREET ADDRESS **6119 Pith Lane**
 2.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

3.1 TITLE **LEVENSON, HAROLD** Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **VP/D** Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **VP/D** Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **D** Change Addition
 6.2 NAME **Reader, Michael**
 6.3 STREET ADDRESS **7331 Falls Road West**
 6.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HAROLD LEVENSON 2/9/99 561-392-0927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)