

FILED

Aug 15, 2001 8:00 am  
Secretary of State

08-15-2001 90003 029 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769836



1. Entity Name

Westchester Community Master Association, Inc.

Principal Place of Business

Mailing Address

A0081185

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Campbell

3. Mailing Address c/o Dicker,

Property Management

Krivok & Stoloff, P.A.

Suite, Apt. #, etc. 1215 E. Hillshoro

Suite, Apt. #, etc. 1818 Australian

Hillshoro Boulevard

Avenue South, Suite 400

City & State

City & State

Deerfield Beach, FL 33441

West Palm Beach, FL

4. FEI Number  
592420161

Applied For  
Not Applicable

Zip

Country

Zip

Country

33441

US

33409

US

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Andrew C. Glen  
301 W. Camino Gardens Boulevard, #200  
Boca Raton, Florida 33432

Name  
Dicker, Krivok & Stoloff, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1818 Australian Avenue South, Suite 400  
City  
West Palm Beach FL Zip Code  
33409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Scott A. Stoloff

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

7-17-01

DATE

FILE NOW  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T D  Delete  
NAME Bob Newmark  
STREET ADDRESS 6900 Ashton Street  
CITY-ST-ZIP Boynton Beach, FL 33437

Change  Addition

S D  Delete  
NAME Don Schneider  
STREET ADDRESS 6119 Pitch Lane  
CITY-ST-ZIP Boynton Beach, FL 33437

Change  Addition

P D  Delete  
NAME Harold Levenson  
STREET ADDRESS 1211 Bay Club Drive  
CITY-ST-ZIP Boynton Beach, FL 33437

Change  Addition

V P D  Delete  
NAME Rita Miller  
STREET ADDRESS 12178 County Greens Boulevard  
CITY-ST-ZIP Boynton Beach, FL 33437

Change  Addition

V P D  Delete  
NAME Barry Hochmeiser  
STREET ADDRESS 6824 Sun River Road  
CITY-ST-ZIP Boynton Beach, FL 33437

V P D  Change  Addition  
NAME Barry Hochheiser  
STREET ADDRESS 6710 Sun River Road  
CITY-ST-ZIP Boynton Beach, FL 33437

D  Delete  
NAME Sol Bembem  
STREET ADDRESS 5813 Northpointe Lane  
CITY-ST-ZIP Boynton Beach, FL 334

S D  Change  Addition  
NAME Sol Bembem  
STREET ADDRESS 5813 Northpointe Lane  
CITY-ST-ZIP Boynton Beach, FL 33437

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAROLD LEVENSON 8/1/01-56731-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Attachment  
A0081193*

**DOCUMENT #** 769836

1. Entity Name  
Westchester Community Master Association, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code  
7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michel H. Reeder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7331 Falls Road West Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mildred Rubinovitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6032 Golf Village Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harold Kimmel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6521 Kings Creek Terrace Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janice Feldman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12083 Cortena Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Howard Tates <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12291 Wedge Way Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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