

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90003 031 ****61.25

DOCUMENT # 769836

1. Entity Name
WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.



Principal Place of Business
**C/O CAMPBELL PROPERTY MANAGEMENT
1215 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**C/O DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S., STE 400
WEST PALM BEACH, FL 33409 US**

54064320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2420161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKER, KRIVOK, STOLOFF PA
C/O DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S., STE 400
WEST PALM BEACH, FL 33409**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NEWMARK, BOB
6900 ASHTON ST
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HOCHHEISER, BARRY
6710 SUN RIVER ROAD
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BEMBEM, SOL
5813 NORTHPOINTE LANE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TATES, HOWARD
12291 WEDGE WAY
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REEDER, MICHAEL
7331 FALLS ROAD WEST
BOCA RATON, FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

7/22/04

561-731-0097