

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 001 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40072550



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2420161	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMARK, BOB			NAME			
STREET ADDRESS	6900 ASHTON ST			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENSON, HAROLD			NAME			
STREET ADDRESS	1211 BAY CLUB DR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOCHHEISER, BARRY			NAME			
STREET ADDRESS	6710 SUN RIVER ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEMBEM, SOL			NAME			
STREET ADDRESS	5813 NORTHPOINTE LANE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TATES, HOWARD			NAME			
STREET ADDRESS	12291 WEDGE WAY			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEDER, MICHAEL			NAME			
STREET ADDRESS	7331 FALLS ROAD WEST			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bob A. Newmark BOB A. NEWMARK 4/17/07 561-736-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #