2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007230

FILED Apr 07, 2009 Secretary of State

Entity Name: WESTCHESTER OF COUNTRYSIDE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	PINE CIRCLE ATER, FL 337				
Current Mailing Address:			New Mailing Addres	ss:	
	PINE CIRCLE ATER, FL 337				
FEI Number	: 34-2012518	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1022 MAİN	ROBERT L NSTREET, SU , FL 34698	JITE D US			
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ELIAS, BUD) Delete IE CIRCLE EAST R, FL 33761	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETOT, FRAN	HESTER DRIVE SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PARKER, CHE) Delete ERYL HESTER DRIVE NORTH	Title: Name: Address:	() Change () Addition	
Address: City-St-Zip:	CLEARWATE	R, FL 33761	City-St-Zip:		
Address:	DS (SASSCER, LU 2721 WESTCI) Delete ICY HESTER DRIVE SOUTH		() Change() Addition	
Address: City-St-Zip: Title: Name: Address:	DS (SASSCER, LU 2721 WESTCI CLEARWATER D (BENTZ, ROBE) Delete ICY HESTER DRIVE SOUTH R, FL 33761) Delete ERT ES CIRCLE WEST	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER ELIAS PRES 04/07/2009