

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:53

DOCUMENT # N26712 (2)

1. Corporation Name
WESTCHESTER COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BAUER MANAGEMENT CORP 3445 NW 55 ST FT LAUDERDALE FL 33309 US	C/O BAUER MANAGEMENT PO BOX 100547 FT LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/01/1988	05/17/1994
4. FEI Number	Applied For
65-0182373	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
	<input type="checkbox"/>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, CHARLES W III ESQ
777 S. FLAGLER DR
SUITE 310E
WEST PALM BEACH FL 33401

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DALAL, ROGER
STREET ADDRESS	10560 NW 27TH ST, SUITE 101
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	LEAL, SERAFIN
STREET ADDRESS	1603 S. DIXIE HWY, SUITE 203
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	GARBER; STUART-
STREET ADDRESS	12271 FAIRWAY PINES DR -
CITY - ST - ZIP	MIAMI FL -
TITLE	D
NAME	BASS; ARTHUR - - - -
STREET ADDRESS	12419 PLEASANT GREEN WAY
CITY - ST - ZIP	BOYNTON BEACH FL - - - -
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Spano, Eugene
3.4 CITY - ST - ZIP	10560 NW 27 St., Suite 101
	Miami, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Darcy, Maryann
4.4 CITY - ST - ZIP	12426 Pleasant Green Way
	Boynton Beach, FL 33437
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Lakritz, Dorothy
5.4 CITY - ST - ZIP	12320 Sand Wedge Dr.
	Boynton Beach, FL 33437
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy Lakritz

1/30/95

305-731-5636

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number