


FILED
Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26712

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

Principal Place of Business 12241 FAIRWAY PINES DR. BOYNTON BCH FL 33437 US	Mailing Address 1215 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 06/01/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0182373
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CAMPBELL PROPERTY MGMT 1215 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL
			85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TATES, HOWARD		1.2 NAME OLSHINA DAVID	
STREET ADDRESS 12291 WEDGE WAY		1.3 STREET ADDRESS 12279 PLEASANT GREENWAY	
CITY-ST-ZIP BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRAUS, JOSEPH		2.2 NAME LAKRITZ, DOROTHY	
STREET ADDRESS 12339 PLEASANT GREENWAY		2.3 STREET ADDRESS 12320 SAND WEDGE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEWART, STEVE		3.2 NAME KRAUS, JOSEPH	
STREET ADDRESS 12323 PLEASANT GREENWAY		3.3 STREET ADDRESS 12339 PLEASANT GREENWAY	
CITY-ST-ZIP BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRAMAN, JULIAN		4.2 NAME GOLD, GEORGE	
STREET ADDRESS 12334 WEDGE WAY		4.3 STREET ADDRESS 12321 SAND WEDGE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RANDALL, RAY		5.2 NAME FRADELLA, JOSEPH	
STREET ADDRESS 12459 PLEASANT GREENWAY		5.3 STREET ADDRESS 12421 SAND WEDGE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33437		5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE STEWART **REQUIRED** Date: 4/16/99 Phone: 954-427-8770

CR2E037 (1/198)