

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90065 048 ****61.25

DOCUMENT # N26712

1. Entity Name

WESTCHESTER COUNTRY CLUB HOMEOWNERS' ASSOCIATION

Principal Place of Business

Mailing Address

12241 FAIRWAY PINES DR.
 BOYNTON BCH FL 33437
 US

1215 E HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441-4203
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0182373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL PROPERTY MGMT
1215 E HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLSHINA, DAVID	
STREET ADDRESS	12279 PLEASANT GREENWAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAKRITZ, DOROTHY	
STREET ADDRESS	12320 SAND WEDGE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRAUS, JOSEPH	
STREET ADDRESS	12339 PLEASANT GREEN WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOLD, GEORGE	
STREET ADDRESS	12321 SAND WEDGE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRADELLA, JOSEPH	
STREET ADDRESS	12421 SAND WEDGE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	9/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, ROBERT	
STREET ADDRESS	12338 PLEASANT GREENWAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	7/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, KAY	
STREET ADDRESS	12459 PLEASANT GREENWAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	UP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAIMAN, JULIAN	
STREET ADDRESS	12334 WEDGEWAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	2ND UP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joseph Fradella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 561 364-1462

CR2E037 (9/99)