


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90192 022 ****61.25

DOCUMENT # N26712			
1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0182373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. % PETER C. MOLLENGARDEN, ESQ. 500 AUSTRALIAN AVENUE SOUTH - 9TH FLOOR WEST PALM BEACH FL 33401		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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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 PD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERROD, ROBERT		NAME	
STREET ADDRESS 12338 PLEASANT GREEN WAY		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIDMAN, LORI		NAME	
STREET ADDRESS 12301 SAND WEDGE DR.		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLOCUM, JOANNE		NAME	
STREET ADDRESS 12339 PLEASANT GREEN WAY		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE VP2D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLD, GEORGE		NAME	
STREET ADDRESS 12321 SANDWEDGE DR		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBER, WILLIAM		NAME	
STREET ADDRESS 12292 WEDGE WAY		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME GILDEA, William	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/7/06 954-427-8770**