


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90044 035 \*\*\*\*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 - No P.O. Box #  
 Suite Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0182373**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.**  
 % PETER C. MOLLENGARDEN, ESQ.  
 500 AUSTRALIAN AVENUE SOUTH - 9TH FLOOR  
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERROD, ROBERT <input checked="" type="checkbox"/> Delete 12338 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDMAN, LORI <input type="checkbox"/> Delete 12301 SAND WEDGE DR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2D GOLD, GEORGE <input type="checkbox"/> Delete 12301 SAND WEDGE DR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILDER, WILLIAM <input type="checkbox"/> Delete 12292 WEDGE WAY BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Heffernan, Sally <input type="checkbox"/> Delete 12358 Pleasant Green Way Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Joseph Fradella <input type="checkbox"/> Delete 12421 Sand Wedge Dr. Boynton Beach, FL 33437

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lori Widman* 1/26/2007 561 737-0182  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #

90017300

