


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90028 040 ****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 1165 E BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33434		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0182373	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 FLORIDA 1ST ASSOCIATION MANAGEMENT	
				Street Address (P.O. Box Number is Not Acceptable) 1165 EAST BLUE HERON BLVD #K	
				City RIVIERA BCH	FL Zip Code 33404
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 <i>Suey Hampton LCM</i>		DATE <i>1/28/2008</i>			
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDMAN, LORI		NAME	BARRETT, BRYAN	
STREET ADDRESS	12301 SAND WEDGE DR.		STREET ADDRESS	12258 PLEASANT GREEN WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYTON BEACH, FL, 33437	
TITLE	VP2D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, GEORGE		NAME	WINDMAN, LORI	
STREET ADDRESS	12321 SANDWEDGE DR		STREET ADDRESS	12301 SAND WEDGE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYTON BEACH, FL, 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDER, WILLIAM		NAME	FRITTS, STEVE	
STREET ADDRESS	12292 WEDGE WAY		STREET ADDRESS	12480 PLEASANT GREEN WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYTON BEACH, FL, 33437	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNON, SALLY		NAME		
STREET ADDRESS	12358 PLEASANT GREEN WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	2DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRADILLA, JOSEPH		NAME	FRADILLA, JOE	
STREET ADDRESS	12421 SAND WEDGE DR.		STREET ADDRESS	12421 SAND WEDGE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYTON BEACH, FL, 33437	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 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: <i>[Signature]</i>		DATE: <i>1/28/2008</i>		DAYTIME PHONE #: <i>561.207.7302</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					