

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001913

1. Entity Name

WESTCHESTER OF HILLSBOROUGH HOMEOWNERS ASSOCIATI

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 007 ****61.25

Principal Place of Business 26750 US HIGHWAY 19 NORTH, SUITE 301 CLEARWATER FL 33761	Mailing Address 26750 US HIGHWAY 19 NORTH, SUITE 301 CLEARWATER FL 33761-3455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2595 Tampa Road Suite, Apt. #, etc. Suite H City & State Palm Harbor Zip Country	3. Mailing Address 2595 Tampa Road Suite, Apt. #, etc. Suite H City & State Palm Harbor, Fl. Zip Country
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4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LARSON, ROGER A
 JOHNSON BLAKELY POPE BOKOR RUPPEL & BURNS
 911 CHESTNUT STREET
 CLEARWATER FL 33756

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUTCHINSON, ROBERT B 26750 US HIGHWAY 19 NORTH, SUITE 301 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHARP, DONALD F 26750 US HIGHWAY 19 NORTH, SUITE 301 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ESKEW, ROBERT 26750 US HIGHWAY 19 NORTH, SUITE 301 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Pleasance, Donald 26750 US Highway 19 N Ste 301 Clearwater, Fl. 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Hunt, Terence 26750 US Highway 19 N Ste 301 Clearwater, Fl 33761 <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

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: *[Signature]* **SIGNATURE REQUIRED** 1/24/00 (222) 662-2423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)