

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90729 016 \*\*\*\*61.25

1/0606670

**DOCUMENT # N99000001913**

1. Entity Name  
**WESTCHESTER OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**3974 TAMPA ROAD  
STE B  
OLDSMAR FL 34677**

**PO BOX 2157  
OLDSMAR FL 34677**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3568115**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANSON, JACK B  
3974 TAMPA ROAD  
B  
OLDSMAR FL 34677**

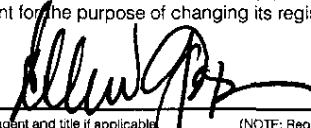
7. Name and Address of New Registered Agent

Name **ALLEN O. GETZ**

Street Address (P.O. Box Number is Not Acceptable)  
**4131 GUNN HIGHWAY  
% GREENWICK PROPERTIES, INC**

City **TAMPA**      FL      Zip Code **33624**

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)

**FILE NOW: FEE IS \$61.25**

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	DP THOMAS, DAVE 3974 TAMPA ROAD SUITE B OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MASON, ANGELA 3974 TAMPA ROAD SUITE B OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RYDER, SHELLY 3974 TAMPA ROAD SUITE B OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUTTING, JENNIFER 3974 TAMPA ROAD SUITE B OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARAIA, RICHARD 3974 TAMPA ROAD SUITE B OLDSMAR FL 34677 <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	<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 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:       4/6/03 813-855-6770

CR2E037 (10/02)