


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737409** (3)
1. Corporation Name
THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II, INC.



Principal Place of Business 6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US	Mailing Address 6361 PRESIDENTIAL CT 114 FT. MYERS FL 33919 US
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3. Date Incorporated or Qualified 12/01/1976
4. FEI Number 59-1995615
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4210 Metro PARKWAY Suite, Apt. #, etc.	2a. Mailing Address 26 4210 Metro PARKWAY Suite, Apt. #, etc.
22 City & State 23 FT MYERS, FL Zip 24 33916	27 City & State 28 FT MYERS FL Zip 29 33916
Country 25 LEE	Country 30 LEE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PEPITONE, THOMAS 6361 PRESIDENTIAL CT SUITE 114 FT. MYERS FL 33919
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4210 Metro PARKWAY 83 84 City FT MYERS FL 85 Zip Code 33916
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME HOLBERT, J. M.	
STREET ADDRESS 2264 WINKLER AVE #201	
CITY-ST-ZIP FT. MYERS FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME RITENOUR, ROBERT	
STREET ADDRESS 2264 WINKLER AVE #207	
CITY-ST-ZIP FT. MYERS FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME COBLEY, KATHRYN E.	
STREET ADDRESS 2264 WINKLER AVE., #306	
CITY-ST-ZIP FT. MYERS FL	
TITLE T	<input type="checkbox"/> DELETE
NAME HANLON, HELEN MARIE	
STREET ADDRESS 2264 WINKLER AVE., #204	
CITY-ST-ZIP FT. MYERS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KRANNICH, WILLIAM	
STREET ADDRESS 2264 WINKLER AVE., #109	
CITY-ST-ZIP FT. MYERS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FOWLER, GERALDINE	
STREET ADDRESS 2264 WINKLER AVE #214	
CITY-ST-ZIP FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	50 K.E. Gribble
3.3 STREET ADDRESS	2264 Winkler Ave
3.4 CITY-ST-ZIP	FT MYERS, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE _____ DATE **3/16/98** **941-774-9101**

CR2E037 (10/97)