

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90255 009 \*\*\*\*61.25

**DOCUMENT # N03000003747**

1. Entity Name  
**WESTYN BAY COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**423 S. KELLER ROAD  
SUITE 201  
ORLANDO, FL 32810**

Mailing Address  
**423 S. KELLER ROAD  
SUITE 201  
ORLANDO, FL 32810**

**24052942**



2. Principal Place of Business

**5695 Beggs Road  
Suite B-100**

3. Mailing Address

**5695 Beggs Road  
Suite B-100**

01092004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando Florida**

**Orlando, Florida**

4. FEI Number

**14-1884062**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEFKOWITZ, HOWARD B  
423 S. KELLER ROAD  
SUITE 201  
ORLANDO, FL 32810**

7. Name and Address of New Registered Agent

Name **Sutherland, Theresa D.**

Street Address (P.O. Box Number is Not Acceptable)

**5695 Beggs Road**

**Suite B-100**

City

**Orlando**

FL

Zip Code

**32810**

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

*Theresa D. Sutherland*

**4-16-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
**PSTD  
LEFKOWITZ, HOWARD B  
423 S. KELLER ROAD SUITE 201  
ORLANDO, FL 32810** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POTVIN, NANCY  
423 S. KELLER ROAD SUITE 201  
ORLANDO, FL 32810** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DICEGLIE, JAY V  
423 S. KELLER ROAD SUITE 201  
ORLANDO, FL 32810** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Lefkowitz  
(correct spelling)** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-667-8989**