

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90194 029 \*\*\*\*61.25

**DOCUMENT # 737409**

1. Entity Name

**THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II,  
INC.**



Principal Place of Business

PEPITONE REALTY MGMT. SVCS. CORP.  
13457 MCGREGOR BLVD., SUITE 32  
FORT MYERS FL 33919  
US

Mailing Address

PEPITONE REALTY MGMT. SVCS. CORP.  
13457 MCGREGOR BLVD., SUITE 32  
FORT MYERS FL 33919  
US

**90010541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1995615**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPITONE REALTY MANAGEMENT SVCS CORP

4210 METRO PARKWAY

SUITE 240

FT. MYERS FL 33918

13451 McGregor Blvd #32  
Fort Myers FL 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWARDS, LEO	
STREET ADDRESS	2264 WINKLER AVE #101	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANLON, HELEN MARIE	
STREET ADDRESS	2264 WINKLER AVE., #204	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRANNICH, WILLIAM	
STREET ADDRESS	2264 WINKLER AVE., #109	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOWLER, GERALDINE	
STREET ADDRESS	2264 WINKLER AVE #214	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRIBBLE, KATHRYN	
STREET ADDRESS	2264 WINKLER AVE #113	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIENER, MARY ANN	
STREET ADDRESS	2264 WINKLER AVENUE #103	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilhelm, Crosby	
STREET ADDRESS	2264 Winkler Ave #312	
CITY-ST-ZIP	Fort Myers FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Buck	
STREET ADDRESS	2264 Winkler Ave #205	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of William Krannich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

239-274-914

Date Daytime Phone #

CR2E037 (10/02)