

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 769836

Entity Name: WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.

FILED
Jun 22, 2022
Secretary of State
0554837374CC

Current Principal Place of Business:

C/O REALMANAGE
9050 PINES BLVD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-2420161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN PL
5550 GLADES RD, 630
BOCA RATON, FL 33431 US

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: DAVID KLEIN

06/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SIMMS, KRISTINE
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title PRESIDENT
Name FISH, BARBARA
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name NATHAN, RALPH
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name RAPP, MARK
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name MILOWE, JOAN
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name EDWARDS, CHERYL
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name ROSS, CHARLIE
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name NEWMARK, JANE
Address C/O REALMANAGE
 9050 PINES BLVD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA FISH

PRESIDENT

06/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOHON, BETH
Address	C/O REALMANAGE 9050 PINES BLVD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024