

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769836

Entity Name: WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.**FILED**
Apr 17, 2020
Secretary of State
7749416807CC**Current Principal Place of Business:**C/O CAMPBELL PROPERTY MANAGEMENT
9897 LAKE WORTH ROAD SUITE 304
LAKE WORTH, FL 33467**Current Mailing Address:**C/O CAMPBELL PROPERTY MANAGEMENT
9897 LAKE WORTH ROAD SUITE 304
LAKE WORTH, FL 33467 US**FEI Number:** 59-2420161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOLOFF, SCOTT ESQ.
C/O STOLOFF & MANOFF PA
1818 AUSTRALIAN AVE S SUITE 400
WEST PALM BEACH, FL 33409 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	SIMMS, KRISTINE
Address	C/O CAMPBELL PROPERTY MANAGEMENT 9897 LAKE WORTH ROAD SUITE 304
City-State-Zip:	LAKE WORTH FL 33467

Title	VP
Name	FISH, BARBARA
Address	C/O CAMPBELL PROPERTY MANAGEMENT 9897 LAKE WORTH ROAD SUITE 304
City-State-Zip:	LAKE WORTH FL 33467

Title	PRESIDENT
Name	TRICOMI, JOE
Address	C/O CAMPBELL PROPERTY MANAGEMENT 9897 LAKE WORTH ROAD SUITE 304
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	NEWMARK, JANE
Address	C/O CAMPBELL PROPERTY MANAGEMENT 9897 LAKE WORTH ROAD SUITE 304
City-State-Zip:	LAKE WORTH FL 33467

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: JOE TRICOMI**PRESIDENT****04/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date