

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769836

**FILED
Apr 17, 2020
Secretary of State
7749416807CC**

Entity Name: WESTCHESTER COMMUNITY MASTER ASSOCIATION, INC.

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 PRESIDENT
Name TRICOMI, JOE
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 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