

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001913

**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**3585794823CC**

**Entity Name:** WESTCHESTER OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2753 STATE ROAD 580  
SUITE 202  
CLEARWATER, FL 33761

**Current Mailing Address:**

2753 STATE ROAD 580  
SUITE 202  
CLEARWATER, FL 33761 US

**FEI Number: 59-3568113**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THE PROPERTY GROUP OF CENTRAL FLORIDA  
2753 STATE ROAD 580  
SUITE 202  
CLEARWATER, FL 33761 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           PRESIDENT  
Name           MACCONNELL, JOHN  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

Title           TREASURER  
Name           WATKINS, GARRETT  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

Title           DIRECTOR  
Name           HARTZ, LEO  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

Title           DIRECTOR  
Name           FRANGIE, JAKE  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

Title           SECRETARY  
Name           KLINE, JESSE  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

Title           VP  
Name           BEALL, JUDY  
Address        2753 STATE ROAD 580  
                  SUITE 202  
City-State-Zip: CLEARWATER FL 33761

*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: JOHN MACCONNELL**

**PRESIDENT**

**03/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date