

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713453**

1. Entity Name  
**WESTCHESTER SHOPPING CENTER MERCHANT'S  
ASSOCIATION, INC.**



Principal Place of Business

**SW 87 AVE + 24 ST  
MIAMI, FL 33155**

Mailing Address

**8 ESCONDIDO CIR  
UNIT #75  
ALTAMONTE SPRINGS, FL 32701**



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1319258**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NASH, MARTIN P  
8 ESCONDIDO CIR  
UNIT #75  
ALTAMONTE SPRINGS, FL 32701**

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IN THIS SPACE**

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)

1000000578700

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

01/09/07-80051-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	PAUL, JOSEPH
STREET ADDRESS	825 S BAYSHORE DR
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	BROWN, GARY
STREET ADDRESS	5901 SW 74 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	NASH, MARTIN P
STREET ADDRESS	8 ESCONDIDO CIR, UNIT #75
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARTIN P. NASH 1/4/07**

**407 332 5777**