

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90034 022 ****61.25

DOCUMENT # 737409

1. Entity Name

THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II,

Principal Place of Business

4210 METRO PARKWAY *SUITE 240*
 FT. MYERS FL 33916
 US

Mailing Address

4210 PERITONE REALTY
 4210 METRO PARKWAY *SUITE 240*
 FT. MYERS FL 33916
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1995615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PEPITONE, THOMAS~~ *REALTY MGMT SVCS CORP*
 4210 METRO PARKWAY *SUITE 240*
 FT. MYERS FL 33916

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBERT, J. M. 2264 WINKLER AVE #201 FT MYERS FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANLON, HELEN MARIE 2264 WINKLER AVE., #204 FT. MYERS FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRANNICH, WILLIAM 2264 WINKLER AVE., #109 FT. MYERS FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOWLER, GERALDINE 2264 WINKLER AVE #214 FT. MYERS FL 33901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILTON LAFOUNTAIN 2244 WINKLER RD #105 FT MYERS FL 33901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY ANN DIENER 2264 WINKLER AVE #103 FT MYERS FL 33901	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

THOMAS PEPITONE
 Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

3-20-01
941-274-9104

CR2E037 (10/00)