

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737409

FILED
Mar 27, 2006
Secretary of State

Entity Name: THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1995615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREWINGTON, O P
Address: 2264 WINKLER AVE #104
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: SMITH, TOM
Address: 2264 WINKLER ACE #209
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: CARNER, GENA
Address: 2264 WINKLER AVE #315
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: MCCOSKEY, JERRY
Address: PO BOX 77
City-St-Zip: PINE VILLAGE, IN 47975

Title: D () Delete
Name: CANTILLO, JULIAN G
Address: PO BOX 440187
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: SHAFER, LARRY
Address: 8712 N OLD 55
City-St-Zip: PINE VILLAGE, IN 47975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BREWINGTON, PAUL
Address: 2264 WINKLER AVE #104
City-St-Zip: FORT MYERS, FL 33901

Title: PD (X) Change () Addition
Name: SMITH, TOM
Address: 2264 WINKLER ACE #209
City-St-Zip: FORT MYERS, FL 33901

Title: SD (X) Change () Addition
Name: CARNER, GENE
Address: 2264 WINKLER AVE #315
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIOINO, ROSALIE L
Address: PO BOX 6563
City-St-Zip: FORT MYERS, FL 33911

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM SMITH

PD

03/27/2006

Electronic Signature of Signing Officer or Director

Date