


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 737409					
1. Entity Name THE WESTCHESTER CONDOMINIUM ASSOCIATION UNIT II, INC.					
Principal Place of Business 2264 WINKLER AVE FORT MYERS, FL 33901 US			Mailing Address 12650 WHITEHALL DRIVE FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1995615	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DRIVE 2180 W. SR 434, SUITE 5000 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name <u>VANDALL BONITA D</u> Street Address (P.O. Box Number is Not Acceptable) <u>12650 WHITEHALL DR</u> City <u>FORT MYERS</u> <u>FL</u> <u>33907</u>		
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 <u>B. D. Vandall</u> <u>BONITA D. VANDALL</u> <u>4-3-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME BREWINGTON, PAUL STREET ADDRESS 2264 WINKLER AVE #104 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE PD NAME BREWINGTON, PAUL STREET ADDRESS 2264 WINKLER AVE #104 CITY-ST-ZIP FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHAFFER, LARRY STREET ADDRESS 2264 WINKLER AVE #210 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE VD NAME SHAFFER, LARRY STREET ADDRESS 2264 WINKLER AVE #210 CITY-ST-ZIP FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CARNER, GENE STREET ADDRESS 2264 WINKLER AVE #315 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME 800099193278 STREET ADDRESS 04/27/07--01030--016 CITY-ST-ZIP **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MCCOSKEY, JERRY STREET ADDRESS 2264 WINKLER AVE #308 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE D NAME MCCOSKEY, JERRY STREET ADDRESS 2264 WINKLER AVE #308 CITY-ST-ZIP FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TD NAME SILBERZAHN, PHYLLIS STREET ADDRESS 2264 WINKLER AVE #309 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME GIOINO, ROSALIE STREET ADDRESS 2264 WINKLER AVE #111 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>B. D. Brewington, Jr.</u>			<u>4-4-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					

FILED
2007 APR 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

