


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 737798 1. Entity Name THE WESTCHESTER MASTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2264 WINKLER AVENUE FT. MYERS, FL 33901 US				Mailing Address 12650 WHITEHALL DRIVE FORT MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2263467	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		04032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DRIVE FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name VANDALL, BONITA D Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907	
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> BONITA D. VANDALL 4-3-07 <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 NAME STREET ADDRESS CITY-ST-ZIP	P BREWINGTON, PAUL 2264 WINKLER AVE #104 FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	+D SHAFFER, LARRY 2264 WINKLER AVE #210 FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, SAMUAL 2244 102 WINKLER AVE FT. MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, SAMUEL 2244 WINKLER AVE #102 FORT MYERS, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIPPI, SCOTTY 2244-111 WINKLER AVE FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIPPI, SCOTTY 2244 WINKLER AVE #111 FORT MYERS, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOSKEY, JERRY 2264 WINKLER AVE #308 FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOSKEY, JERRY 2264 WINKLER AVE #308 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900099192929 04/27/07--01030--015 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/24/07	
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>Scotty Hipp</u> SCOTTY HIPPI 4-3-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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