

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 751857**

1. Entity Name  
**WESTCHESTER MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**401 WESTCHESTER CT.  
TAMPA, FL 33604**

Mailing Address  
**401 WESTCHESTER CT.  
TAMPA, FL 33604**



01112006 Chg-NP CR2E037 (11/05)

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  
**59-2132921**

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

**DE HAAN, ELLEN  
BECKER & POLIAKOFF  
33 N GARDEN AVE, STE 960  
CLEARWATER, FL 34615**

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. 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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **BEAZELL, CHARLES**  
STREET ADDRESS **402 WESTCHESTER COURT**  
CITY-STATE-ZIP **TAMPA, FL 33604**

TITLE **D** ☐ Delete  
NAME **KIRBY, DONLIN**  
STREET ADDRESS **404D WIMBLETON CT.**  
CITY-STATE-ZIP **TAMPA, FL 33604**

TITLE **TD** ☐ Delete  
NAME **JASPER, HANZ**  
STREET ADDRESS **1129 LEISURE AVE.**  
CITY-STATE-ZIP **TAMPA, FL 33613**

TITLE **P** ☐ Delete  
NAME **BRENNEMAN, GARY**  
STREET ADDRESS **9045 A WESTCHESTER CIRCLE**  
CITY-STATE-ZIP **TAMPA, FL 33604**

TITLE **S** ☐ Delete  
NAME **GRAHAM, KAREN**  
STREET ADDRESS **5730 IMERIAL KEY**  
CITY-STATE-ZIP **TAMPA, FL 33615**

TITLE **D** ☐ Delete  
NAME **SAMPSON, LOIS**  
STREET ADDRESS **9027 WESTCHES TER CIRCLE**  
CITY-STATE-ZIP **TAMPA, FL 33604**

TITLE **11000000434268** ☐ Change ☐ Add  
NAME **02/24/06-80053-012 61.25**

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen Graham* **Karen Graham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #