


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90033 039 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40044962



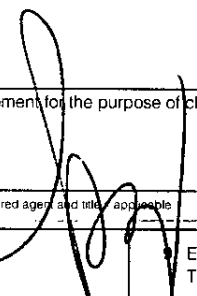
02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2132921	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DE HAAN, ELLEN BECKER & POLIAKOFF 33 N GARDEN AVE, STE 960 CLEARWATER, FL 34615	

7. Name and Address of New Registered Agent	
Name STEVEN H. MEZER	
Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET	
City TAMPA	Zip Code FL 33602

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 	DATE STEVEN H. MEZER 3/2/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAZELL, CHARLES 402 WESTCHESTER COURT TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, DONLIN 404D WIMBLETON CT. TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JASPER, HANZ 1129 LEISURE AVE. TAMPA, FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNEMAN, GARY 9045 A WESTCHESTER CIRCLE TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, KAREN 5730 IMERIAL KEY TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, LOIS 9027 WESTCHES TER CIRCLE TAMPA, FL 33604 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard BROWN 9005 WESTCHESTER CIRCLE TAMPA, FL 33604 PRESIDENT APT-C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NERIDA MEADOWS 16105 N FLORIDA AVE LUTZ FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SONIA OLMEIDA 16105 N FLORIDA AVE LUTZ FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BEN GRAY 16105 N FLORIDA AVE LUTZ FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

 **RICHARD BROWN**

2/9/07

8139685665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #