2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # 751857 1. Entity Name WESTCHESTER MANOR CONDOMINIUM ASSOCIATION, INC.							4-18-2008 9	90045 00	9 ****61	1.25	
Principal Place of Business 401 WESTCHESTER CT. TAMPA, FL 33604 Mailing Address 401 WESTCHESTER CT. TAMPA, FL 33604						4007	2315				
2. Principal P	Place of Business - No P.O. Box #	3. Maili	ng Address	10.0 M	2						
Suite, Apt. #, etc. Su		W13E PROP MG uite, Apt. #, etc.		_ 0	0040000	hg-NP	CR2E03	7 (12/06)			
City & State		City	as N. FLORIDA #1 City & State LLTZ FC		4.	FEI Number 59-213292	 ?1			optied For	
Zip	Country	Zip 3.3	- 4 0	Country	5.	Certificate of St	atus Desired		\$8.75 Add	titional	
	6. Name and Address of Curren	nt Registered	l Agent		7.	Name and Add	ress of New R				
MEZER, S				Name							
220 S FRA TAMPA, F	ANKLIN ST L 33602			Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
				City	1-0/1	<u> </u>			Zin Cod	β N	
	named entity submits this statement tions of registered agent.	for the purpo	se of changing its re	egistered office or reg	gistered a	gent, ar both, in	the State of Flo	rida. I am f	amiliar with,	and accept	
the obligat	ions or registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
SIGNATURE.		nt and title if appli	cable. (NOTE: F	Registered Agent signature re	required when	reinstating)		DATE	<u> </u>	 [
SIGNATORE .		nt and title if apple	9. Election Camp	paign Financing	\$5.	reinstating) .00 May Be		ake check	payable to		
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008			paign Financing ntribution.	\$5 . Add	.00 May Be led to Fees	Flor	ake check ida Depart	ment of S	tate	
10.	Signature, typed or printed name of registered age Filling Fee is \$61.25		9. Election Camp Trust Fund Co	paign Financing	\$5 . Add	.00 May Be	Flor	ake check ida Depart	ment of S	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

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