

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751857

FILED  
Mar 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

401 WESTCHESTER CT.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

YOWISE PROP MGMT  
16105 N. FLORIDA #A  
LUTZ, FL 33549

**New Mailing Address:**

%WISE PROP MGMT  
16105 N. FLORIDA #A  
LUTZ, FL 33549

**FEI Number:** 59-2132921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 HIGHLAND AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, RICHARD  
Address: 9005 WESTCHESTER CIR APT C  
City-St-Zip: TAMPA, FL 33604

Title: SD ( ) Delete  
Name: MEADOWS, NEREIDA  
Address: 16105 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: JASPER, HANZ  
Address: 1129 LEISURE AVE.  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: SAMPSON, LOIS  
Address: 9027 WESTCHES TER CIRCLE  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROWN, RICHARD  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: OLMEDA, SONIA  
Address: 16105 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change ( ) Addition  
Name: JASPER, JOHANNES  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: SAMPSON, LOIS  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BROWN

PRES

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date