

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90442 019 \*\*\*150.00

**DOCUMENT # F04000007149**

1. Entity Name

**WCA MANAGEMENT CORPORATION**



Principal Place of Business

**7 SEACORT  
VERO BEACH FL 32963**

Mailing Address

**7 SEACORT  
VERO BEACH FL 32963**



2. Principal Place of Business

**7 Sea Court**

3. Mailing Address

**7 Sea Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**13-3152735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WELSH, PATRICK J  
STREET ADDRESS 7 SEACORT  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE VD ☐ Delete  
NAME ANDERSON, BRUCE K  
STREET ADDRESS 116 SETTLERS ROW NORTH  
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ST ☐ Delete  
NAME RATHER, JONATHAN M  
STREET ADDRESS 320 PARK AVENUE, SUITE 2500  
CITY-ST-ZIP NEW YORK NY 10022

TITLE CD ☐ Delete  
NAME CARSON, RUSSELL L  
STREET ADDRESS 320 PARK AVENUE, SUITE 2500  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ Delete  
NAME MCINERNEY, THOMAS E  
STREET ADDRESS 320 PARK AVENUE, SUITE 2500  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7 Sea Court  
CITY-ST-ZIP Vero Beach, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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

Date

Daytime Phone #

4/12/05

212-893-9509