

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # K50772

1. Entity Name
**COLUMBIA WESTCHESTER DEVELOPMENT
CORPORATION**



Principal Place of Business
**% JUDITH VETTER
825 S. BAYSHORE DR, STE 1643
MIAMI, FL 33131**

Mailing Address
**% JUDITH VETTER
825 BRICKELL BAY DR.
MIAMI, FL 33131**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0097754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VETTER, JUDITH
825 S. BAYSHORE DR
SUITE 1643
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MENDELSON, LAURANS A.
825 S. BAYSHORE DR #1643
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MENDELSON, ARLENE
825 S. BAYSHORE DR #1643
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VETTER, JUDITH
825 S. BAYSHORE DR #1634
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000309794
04/16/05-80052-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Laurans A. Mendelson 4/11/05 305-374-1745

President

Date

Daytime Phone #