

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90308 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |
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| <b>DOCUMENT # N03372</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |
| <b>1. Entity Name</b><br>WESTCHESTER PARK CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |
| <b>Principal Place of Business</b><br>22523 WESTCHESTER BLVD<br>PORT CHARLOTTE, FL 33980-8441 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                            | <b>Mailing Address</b><br>100 SULLIVAN ST #112<br>PUNTA GORDA, FL 33950 US |                                                                                                                          |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <b>3. Mailing Address</b>                                                                  |                                                                            |                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Suite, Apt. #, etc.                                                                        |                                                                            |                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | City & State                                                                               |                                                                            |                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                               | Zip                                                                                        | Country                                                                    | <b>4. FEI Number</b><br>59-2652842                                                                                       |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                            |                                                                            | <b>Applied For</b><br>Not Applicable                                                                                     |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GREENE, JOAN<br>100 SULLIVAN 57 STE 112<br>PUNTA GORDA, FL 33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                            |                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                            |                                                                            | FL Zip Code                                                                                                              |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>MORGAN, EDWIN<br>2403 LAKESHORE CT<br>PORT CHARLOTTE, FL 33952  | <input type="checkbox"/> Delete                                                            |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VP<br>POIRIER, MARCEL<br>10 BIFFIS CT.<br>ALLISTON-ONTARIO, CA 1r91x7 | <input checked="" type="checkbox"/> Delete                                                 |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD<br>WILSON, ALLEN M<br>154 MORGAN LANE<br>PORT CHARLOTTE, FL        | <input type="checkbox"/> Delete                                                            |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TD<br>BROWN, ROBERT<br>1448 GREGG DR.<br>PUNTA GORDA, FL 33950        | <input type="checkbox"/> Delete                                                            |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <input type="checkbox"/> Delete                                                            |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <input type="checkbox"/> Delete                                                            |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D<br>RON CLIFF<br>2112 MASSACHUSETTS AVE.<br>ENGLEWOOD, FL 34224      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                            |                                                                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D<br>JACK PERME<br>274 HEATHER LANE<br>EAST LAKE, OH 44095            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                            |                                                                                                                          |  |
| <b>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.</b> |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |
| <b>SIGNATURE:</b> <u>Robert Brown</u> <u>3/21/06</u><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                            |                                                                            |                                                                                                                          |  |

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