


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90013 001 \*\*\*\*61.25

<b>DOCUMENT # N05000001369</b> 1. Entity Name <b>WESTCHASE COMMONS OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760</b>			Mailing Address <b>15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760</b>		
2. Principal Place of Business - No P.O. Box # <b>4592 Wmerton Road</b>		3. Mailing Address <b>4592 Wmerton Road</b>			
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>			
Zip <b>33762</b>		Country <b>USA</b>		4. FEI Number <b>20-2309642</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent -  <b>SHAEFFER, ROBERT 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760</b>			7. Name and Address of New Registered Agent Name <b>Shaeffer, Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>4592 Wmerton Road</b> <b>Suite 100</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33762</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.  SIGNATURE <u><b>Robert Shaeffer</b></u> <span style="float: right;">4/25/07</span> <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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYDON, ROGERS 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4592 Wmerton Road, Suite 100 Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUBIN, LES 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4592 Wmerton Road, Suite 100 Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAEFFER, ROBERT 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4592 Wmerton Road, Suite 100 Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBY, ANNETTE 15500 ROOSEVELT BLVD SUITE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4592 Wmerton Road, Suite 100 Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><b>Rogers K. Haydon, Jr.</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>4/25/07</b></u> Daytime Phone # <u><b>727-539-0777</b></u>		