

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010833

FILED
Feb 19, 2009
Secretary of State

Entity Name: WESCHESTER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6215 WILSON BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

13400 SUTTON PARK DRIVE S., SUITE 1402
JACKSONVILLE, FL 32224

Current Mailing Address:

6215 WILSON BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

13400 SUTTON PARK DRIVE S., SUITE 1402
JACKSONVILLE, FL 32224

FEI Number: 20-5891375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWERS, ELIZABETH F
6215 WILSON BLVD
JACKSONVILLE, FL 32210 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: DP () Delete
Name: LAPOINTE, KENNETH
Address: 13400 SUTTON PK DR S STE 1402
City-St-Zip: JACKSONVILLE, FL 32224

Title: DV () Delete
Name: TOWERS, WILLIAM B III
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: DST () Delete
Name: TOWERS, ELIZABETH
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENNETH J. LAPOINTE

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date