

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2006  
Secretary of State**

DOCUMENT# N07133

Entity Name: WESCOTT SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

701 ENTERPRISE ROAD EAST  
SUITE 302  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

701 ENTERPRISE ROAD EAST  
SUITE 704  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

701 ENTERPRISE ROAD EAST  
SUITE 302  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

701 ENTERPRISE ROAD EAST  
SUITE 704  
SAFETY HARBOR, FL 34695 US

FEI Number: 59-2518845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIANFRONE, JOSEPH R  
1964 BAYSHORE BLVD  
DUNEDIN, FL 34698 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: SD ( ) Delete  
Name: GILLOTT, DORETTA  
Address: 3136 WINDMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: KUMRO, PAUL  
Address: 3220 JADEMOOR CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

Title: PD (X) Delete  
Name: MALAK, CAROL  
Address: 2992 WINDMOOR DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: GILLOTT, DORETTA  
Address: 3136 WINDMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: PD (X) Change ( ) Addition  
Name: MALAK, CAROL  
Address: 29892 WINDMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL MALAK

PD

04/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date