

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07133

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: WESCOTT SQUARE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

2708 ALT 19 NORTH  
SUITE 603 A  
PALM HARBOR, FL 34683 US

## New Mailing Address:

2708 ALT 19 NORTH  
SUITE 603 A  
PALM HARBOR, FL 34683 US

FEI Number: 59-2518845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLOWERS, GAIL E  
2994 WINDMOOR DR S  
PALM HARBOR, FL 34685 US

## Name and Address of New Registered Agent:

PMS MANAGEMENT  
2708 ALT 19 NORTH  
SUITE 603 A  
PALM HARBOR, FL 34683 US

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: COLETTE CILBERTI

03/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: GILLOTT, DORETTA  
Address: 3136 WINDMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: STD ( ) Delete  
Name: FLOWERS, GAIL E  
Address: 2994 WINDMOOR DR S.  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: ROBBINS, WAYNE  
Address: 3234 JADEMOOR  
City-St-Zip: PALM HARBOR, FL 34685

Title: STD (X) Change ( ) Addition  
Name: SNELLEN, SHIRLEY  
Address: 3134 WINDMOOR  
City-St-Zip: PALM HARBOR, FL 34685

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: CAROL MALAK

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date