

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07133

FILED
Apr 13, 2009
Secretary of State

Entity Name: WESCOTT SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2518845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PMS MANAGEMENT
2708 ALT 19 NORTH
SUITE 603 A
PALM HARBOR, FL 34683 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: PD () Delete
Name: MALAK, CAROL
Address: 2992 WINDMOOR
City-St-Zip: PALM HARBOR, FL 34685

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LOMURNO, DONALD
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: PD (X) Change () Addition
Name: ROBBINS, WAYNE
Address: 2708 ALT. 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: STD (X) Change () Addition
Name: EDELMAN, MICHELE
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

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: WAYNE ROBBINS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date