

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07133

FILED  
Apr 07, 2012  
Secretary of State

**Entity Name:** WESCOTT SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2708 ALT 19 NORTH  
SUITE 604-1  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

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

**New Mailing Address:**

2708 ALT 19 NORTH  
SUITE 604-1  
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:**

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

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

PROPERTY MANAGEMENT BY DESIGN, INC.  
2708 ALT 19 NORTH  
SUITE 604-1  
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 CILIBERTI

04/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: ZARLE, SANDRA  
Address: 2708 ALT 19 NORTH, SUITE 604-1  
City-St-Zip: PALM HARBOR, FL 34683

Title: PD  
Name: MALAK, CAROL  
Address: 2708 ALT. 19 NORTH, SUITE 604-1  
City-St-Zip: PALM HARBOR, FL 34683

Title: STD  
Name: GILLOTT, DORETTA  
Address: 2708 ALT 19 NORTH, SUITE 604-1  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: CAROL MALAK

PD

04/07/2012

Electronic Signature of Signing Officer or Director

Date