

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/11/2008-90050-024-\$61.25-\$61.25

FILED

08 MAR 17 PM 2:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08354	
1. Entity Name COUNTRY MEADOWS WESTCHESTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2200 KINGS HWY 3-L, #43 PORT CHARLOTTE, FL 33980	Mailing Address 2200 KINGS HWY 3-L, #43 PORT CHARLOTTE, FL 33980 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02082008 Chg-NP CR2E037 (12/06)

FFI Number 65-0138000	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUSTER, DANA 2200 KINGS HWY 3-L, #43 PORT CHARLOTTE, FL 33980	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *registered agent* DATE 2-7-8

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WHIDDEN, JAMES E., JR. 234E4 S. HARBORVIEW RD. CHARLOTTE HARBOR, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D. Sandy Stainton 23347 Wisteria Blvd Port Charlotte, FL 33980 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KUSTAR, DANA 25434 PALISADE RD PUNTA GORDA, FL 33983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KUSTER, Dana ← same ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BINNELL, RAY PO BOX 510926 PUNTA GORDA, FL 33951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Bonnell, Ray 15514 Aqua Circle Port Charlotte FL 33981 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other information empowered.

SIGNATURE: *[Signature]* - director DATE 2-7-8 DAYTIME PHONE # 941-7660782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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