


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 011 ****61.25

DOCUMENT # N20103					
1. Entity Name WESTMONTE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 STE. 17 PORT RICHEY FL 34668 US			Mailing Address 10730 US 19 STE 17 PORT RICHEY FL 34668 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2823348	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MNGMNT OF PASCO INC. 10730 US 19 STE 17 PORT RICHEY FL 34668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, GILBERT		NAME		
STREET ADDRESS	3804 WINDBER BLVD ---		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL ---		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, THEODORE H		NAME		
STREET ADDRESS	3625 WINDBER BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGDEN, ELLA MAY		NAME		
STREET ADDRESS	3816 WINDBER BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKI, DONNA		NAME		
STREET ADDRESS	3825 WINDBER BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACHURAK, SHARON		NAME		
STREET ADDRESS	3777 WINDBER BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERCZAK, RONALD		NAME		
STREET ADDRESS	3801 WINDBER BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		

14000586



1st MOORE CR2E037 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Kachurak (SHARON KACHURAK) 4/20/05 (727) 781-7202