

**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      Mailing Address  
10730 US 19      10730 US 19  
STE. 17      STE 17  
PORT RICHEY FL 34668      PORT RICHEY FL 34668  
US      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      Applied For  
**59-2823348**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**14000586**



1st MOORE      CR2E037 (10/04)

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.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>BERMAN, GILBERT</del>	
STREET ADDRESS	<del>3804 WINDBER BLVD ---</del>	
CITY-ST-ZIP	<del>PALM HARBOR FL ---</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLF, THEODORE H	
STREET ADDRESS	3625 WINDBER BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGDEN, ELLA MAY	
STREET ADDRESS	3816 WINDBER BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SADOWSKI, DONNA	
STREET ADDRESS	3825 WINDBER BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KACHURAK, SHARON	
STREET ADDRESS	3777 WINDBER BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TERCZAK, RONALD	
STREET ADDRESS	3801 WINDBER BLVD	
CITY-ST-ZIP	PALM HARBOR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: *X Sharon Kachurak* (SHARON KACHURAK) 4/20/05 (727) 781-7202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #