

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 026 ****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**

60010851



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2823348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUALIFIED PROPERTY MNGMNT OF PASCO INC.
10730 US 19
STE 17
PORT RICHEY, FL 34668**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WOLF, THEODORE H.** ☒ Delete
NAME
STREET ADDRESS **3625 WINDBER BLVD**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Wolf, Theodore H.**
STREET ADDRESS **10730 U.S. 19, Ste. 17**
CITY-ST-ZIP **Port Richey, FL**

TITLE **BOGDEN, ELLA MAY** ☐ Delete
NAME
STREET ADDRESS **3046 WINDBER BLVD**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Bogden, Ella May**
STREET ADDRESS **10730 U.S. 19, Ste. 17**
CITY-ST-ZIP **Port Richey, FL**

TITLE **SADOWSKI, DONNA** ☐ Delete
NAME
STREET ADDRESS **3625 WINDBER BLVD**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Sadowski, Donna**
STREET ADDRESS **10730 U.S. 19, Ste. 17**
CITY-ST-ZIP **Port Richey, FL**

TITLE **KACHURAK, SHARON** ☐ Delete
NAME
STREET ADDRESS **3777 WINDBER BLVD**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kachurak, Sharon**
STREET ADDRESS **10730 U.S. 19, Ste. 17**
CITY-ST-ZIP **Port Richey, FL**

TITLE **TERCZAK, RONALD** ☐ Delete
NAME
STREET ADDRESS **3601 WINDBER BLVD**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Terczak, Ronald**
STREET ADDRESS **10730 U.S. 19, Ste. 17**
CITY-ST-ZIP **Port Richey, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #