2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21236

FILED Feb 08, 2008 Secretary of State

Entity Name: WESTCHESTER ASSOCIATION AT METROWEST, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	RCROMBIE C' D, FL 32835	Т		
Current Mailing Address:		New Mailing Address:		
	FICE BOX 616 D, FL 32861	702		
El Number	: 65-0240802	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
6564 ABEI	-BATES, J M RCROMBIE C), FL 32835	T US		
The above n the State	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Age	nt	Data
	Liectioi	iic Signature of Registered Age	TIL.	Date
OFFICER	S AND DIREC			IS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address: City-St-Zip:	S AND DIREC	TORS:) Delete OMBIE CT		
Γitle: Name: Address:	PD (IVERSON, J M 6564 ABERCR ORLANDO, FL	CTORS: Delete OMBIE CT 32835 Delete NOR	ADDITION Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD (IVERSON, J M 6564 ABERCR ORLANDO, FL VPD (BIRD, SAMUEL 6588 GROSVE ORLANDO, FL	CTORS: Delete OMBIE CT 32835 Delete NOR 32835 Delete LENE LY LANE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD (X) Change () Addition VPD (X) Change () Addition WYNN, CALVERT W 6536 GROSVENOR
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD (IVERSON, J M 6564 ABERCR ORLANDO, FL VPD (BIRD, SAMUEL 6588 GROSVE ORLANDO, FL TD (EMBREE, DAR 6540 PICADILL ORLANDO, FL	TORS:) Delete OMBIE CT 32835) Delete NOR 32835) Delete LENE LLENE JY LANE 32835) Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VPD (X) Change () Addition VPD (X) Change () Addition WYNN, CALVERT W 6536 GROSVENOR ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARLENE EMBREE TD 02/08/2008