SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N38882 (9)

1. Corporation Name

WESTCHASE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SANDY SELIGMAN 8380 BAYMEADOWS RD. S14 JACKSONVILLE FL 32256	C/O SANDY SELIGMAN 8380 BAYMEADOWS RD. S14 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 03/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 7865 Southside Blvd S
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32256 25 County: Duval

2a. Mailing Address
26 7865 Southside Blvd S
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32256 30 County: Duval

9. Name and Address of Current Registered Agent

SELIGMAN, SANDY
8380 BAYMEADOWS RD
S14
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (CR2E031, Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RISLEY, STEVEN	12 NAME	
STREET ADDRESS	1565 WELLS ROAD	13 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOSE	22 NAME	
STREET ADDRESS	8200 WOODPECKER TRAIL	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	HURWITZ, HELEN	32 NAME	
STREET ADDRESS	3627 MONTCLAIR CR	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	THIMMS, ROBERT	42 NAME	
STREET ADDRESS	3131 SA ST JOHN'S BLUFF	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	SELIGMAN, SANDFORD L.	52 NAME	
STREET ADDRESS	8380 BAYMEADOWS RD S14	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sanford L. Seligman — 6.14.95 — 407-571-9012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002337