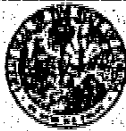


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:47

DOCUMENT # **N42523 (3)**

1. Corporation Name  
**WESTCHASE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**824 E. FLETCHER AVE. TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/18/1991</b>   | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-3082256</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.              |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|   |           |  |  |
|---|-----------|--|--|
| 9. Name and Address of Current Registered Agent<br><b>TUCKER, STANLEY<br/>824 E. FLETCHER AVE.<br/>TAMPA FL 33612</b> |           | 10. Name and Address of New Registered Agent |  |
| <b>81</b> Name  |           |  |  |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable)  |           |  |  |
| <b>83</b>   |           |  |  |
| <b>84</b> City  | <b>FL</b> | <b>85</b> Zip Code                           |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|--------------------------------------|---|---|
| TITLE<br><b>PD</b>                             | NAME<br><b>ROWLETT, JACK C</b>       | 1.1 TITLE   | <b>PD Rowlett, Jack C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>1509 SWANN AVE., #230</b> | CITY-ST-ZIP<br><b>TAMPA FL</b>       | 1.2 NAME  | <b>3505 Frontage Rd. Suite 145</b>  |
|  |                                      | 1.3 STREET ADDRESS                                    | <b>Tampa, FL. 33606</b>   |
|  |                                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>VD</b>                             | NAME<br><b>JOHNSTON, TY</b>          | 2.1 TITLE   | <b>VD Johnston, Ty</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| STREET ADDRESS<br><b>1509 SWANN AVE., #230</b> | CITY-ST-ZIP<br><b>TAMPA FL</b>       | 2.2 NAME  | <b>3505 Frontage Rd. Suite 145</b>  |
|  |                                      | 2.3 STREET ADDRESS                                    | <b>Tampa, FL. 33606</b>   |
|  |                                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>TD</b>                             | NAME<br><b>JACOBS, KATHY</b>         | 3.1 TITLE   | <b>TD Jacobs, Kathy</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| STREET ADDRESS<br><b>1509 SWANN AVE., #230</b> | CITY-ST-ZIP<br><b>TAMPA FL</b>       | 3.2 NAME  | <b>3505 Frontage Rd. Suite 145</b>  |
|  |                                      | 3.3 STREET ADDRESS                                    | <b>Tampa, FL. 33606</b>   |
|  |                                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>SD</b>                             | NAME<br><b>KUNKEL, BRENDA</b>        | 4.1 TITLE   | <b>SD Kunkel, Brenda</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS<br><b>1509 SWANN AVE., #230</b> | CITY-ST-ZIP<br><b>TAMPA FL</b>       | 4.2 NAME  | <b>3505 Frontage Rd. Suite 145</b>  |
|  |                                      | 4.3 STREET ADDRESS                                    | <b>Tampa, FL. 33606</b>   |
|  |                                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>D</b>                              | NAME<br><b>KEY, DAVID</b>            | 5.1 TITLE   | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| STREET ADDRESS<br><b>9803 WOODBAY DR.</b>      | CITY-ST-ZIP<br><b>TAMPA FL 33627</b> | 5.2 NAME  | <b>Malloy, Robert</b>   |
|  |                                      | 5.3 STREET ADDRESS                                    | <b>4705 Woodbay Drive</b>   |
|  |                                      | 5.4 CITY-ST-ZIP                                       | <b>Tampa, FL. 33626</b>   |
|  |                                      | 6.1 TITLE   |   |
|  |                                      | 6.2 NAME  |   |
|  |                                      | 6.3 STREET ADDRESS                                    |   |
|  |                                      | 6.4 CITY-ST-ZIP                                       |   |

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 110.07(3)(k), 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: [Signature] **2-23-95** (813) 251-4993  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #