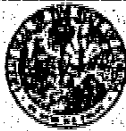


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent TUCKER, STANLEY 824 E. FLETCHER AVE. TAMPA FL 33612		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 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 PD	NAME ROWLETT, JACK C	1.1 TITLE	PD Rowlett, Jack C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1509 SWANN AVE., #230	CITY-ST-ZIP TAMPA FL	1.2 NAME	3505 Frontage Rd. Suite 145
		1.3 STREET ADDRESS	Tampa, FL. 33606
		1.4 CITY-ST-ZIP	
TITLE VD	NAME JOHNSTON, TY	2.1 TITLE	VD Johnston, Ty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1509 SWANN AVE., #230	CITY-ST-ZIP TAMPA FL	2.2 NAME	3505 Frontage Rd. Suite 145
		2.3 STREET ADDRESS	Tampa, FL. 33606
		2.4 CITY-ST-ZIP	
TITLE TD	NAME JACOBS, KATHY	3.1 TITLE	TD Jacobs, Kathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1509 SWANN AVE., #230	CITY-ST-ZIP TAMPA FL	3.2 NAME	3505 Frontage Rd. Suite 145
		3.3 STREET ADDRESS	Tampa, FL. 33606
		3.4 CITY-ST-ZIP	
TITLE SD	NAME KUNKEL, BRENDA	4.1 TITLE	SD Kunkel, Brenda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1509 SWANN AVE., #230	CITY-ST-ZIP TAMPA FL	4.2 NAME	3505 Frontage Rd. Suite 145
		4.3 STREET ADDRESS	Tampa, FL. 33606
		4.4 CITY-ST-ZIP	
TITLE D	NAME KEY, DAVID	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9803 WOODBAY DR.	CITY-ST-ZIP TAMPA FL 33627	5.2 NAME	Malloy, Robert
		5.3 STREET ADDRESS	4705 Woodbay Drive
		5.4 CITY-ST-ZIP	Tampa, FL. 33626
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: _____ (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____
Date: **2-23-95** (813) 251-4993