

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N42523** (3)

1. Corporation Name

WESTCHASE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**824 E. FLETCHER AVE.
TAMPA FL 33612**

**824 E. FLETCHER AVE.
TAMPA FL 33612**

2. Principal Place of Business

21 **4030 DITON DRIVE**

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO FLORIDA**

Zip

24 **32808**

Country

25 **USA**

2a. Mailing Address

26 **4030 DITON DRIVE**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FLORIDA**

Zip

29 **32808**

Country

30 **USA**

3. Date Incorporated or Qualified

03/18/1991

3a. Date of Last Report

03/20/1995

4. FEI Number

59-3082256

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 **ATTN: CHRISTOPHER KOBACK**
82 Street Address (P.O. Box Number is Not Acceptable)
% ANGELIA GORDON PROPERTY MGMT., INC.
83 **4030 DITON DRIVE**
84 City **ORLANDO** FL 85 Zip Code **32808**

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 617.1503, Florida Statutes.

SIGNATURE

Christopher Koback, Agent

2-8-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROWLETT, JACK C | |
| STREET ADDRESS | 1500 SWANN AVE., #230 | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, TY | |
| STREET ADDRESS | 1500 SWANN AVE., #230 | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | JACOBS, KATHY | |
| STREET ADDRESS | 1500 SWANN AVE., #230 | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KUNKEL, BRENDA | |
| STREET ADDRESS | 1500 SWANN AVE., #230 | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KEY, DAVID | |
| STREET ADDRESS | 8800 WOODBAY DR. | |
| CITY - ST - ZIP | TAMPA FL 33627 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3505 FRONTAGE ROAD, SUITE 145 |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 3505 FRONTAGE ROAD, SUITE 145 |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD SEWELL, BRIAN |
| 3.3 STREET ADDRESS | 3505 FRONTAGE ROAD, SUITE 145 |
| 3.4 CITY - ST - ZIP | TAMPA FL |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 3505 FRONTAGE ROAD, SUITE 145 |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D DEPIN, TERRI |
| 5.3 STREET ADDRESS | 12027 WANDSWORTH DRIVE |
| 5.4 CITY - ST - ZIP | TAMPA, FL 33626 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

286-8899

Date

Daytime Phone #

CR2E037 (12/95)