

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**

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **03/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4030 DIJON DRIVE** 26 **4030 DIJON DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **ORLANDO FLORIDA** 27 **ORLANDO, FLORIDA**
City & State City & State
23 **32808** 28 **32808** 29 **USA** 30 **USA**
Zip Country Zip Country

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 DIJON DRIVE**
84 City **ORLANDO** 85 Zip Code **FL 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* DATE **2-8-96**
Signature, typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWLETT, JACK C	
STREET ADDRESS	1509 SWANN AVE., #230	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, TY	
STREET ADDRESS	1509 SWANN AVE., #230	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, KATHY	
STREET ADDRESS	1509 SWANN AVE., #230	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNKEL, BRENDA	
STREET ADDRESS	1509 SWANN AVE., #230	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEY, DAVID	
STREET ADDRESS	8803 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]* DATE **4-25-96** 286-8899
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)