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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

4030 DIJON DRIVE
ORLANDO FL 32808
US4030 DIJON DRIVE
ORLANDO FL 32808-2226
US3. Date Incorporated or Qualified
03/18/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3082256Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOBACK, CHRISTOPHER
C/O ANDELA GORDON PROPERTY MGMT INC
4030 DIJON DRIVE
ORLANDO FL 32808

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROWLETT, JACK C
STREET ADDRESS 3505 FRONTAGE RD, STE 145
CITY-ST-ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME JOHNSTON, TY
STREET ADDRESS 3505 FRONTAGE RD., STE 145
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME SEWELL, BRIAN
STREET ADDRESS 3505 FRONTAGE RD., STE 145
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ~~SD~~ ☒ DELETE
NAME KUNKEL, BRENDA
STREET ADDRESS 3505 FRONTAGE RD., STE 145
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME GASTLER, HAROLD
4.3 STREET ADDRESS 9404 WOODBAY DRIVE
4.4 CITY-ST-ZIP TAMPA FL 33626TITLE ~~D~~ ☒ DELETE
NAME DEPIN, TERRI
STREET ADDRESS 12027 WANDSWORTH DR
CITY-ST-ZIP TAMPA FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME KEMERER, WILLIAM
5.3 STREET ADDRESS 12005 BREWSTER DRIVE
5.4 CITY-ST-ZIP TAMPA FL 33626TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

813-266-8899

Date

Daytime Phone # 0018068

CR2E037 (9/96)