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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
4030 DIJON DRIVE ORLANDO FL 32808 US  
4030 DIJON DRIVE ORLANDO FL 32808-2226 US

3. Date Incorporated or Qualified 03/18/1991  
3a. 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 59-3082256 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  
KOBACK, CHRISTOPHER  
C/O ANDELIA GORDON PROPERTY MGMT INC  
4030 DIJON DRIVE  
ORLANDO FL 32808  
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 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 Christopher Koback, Agent For Association 2/5/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD [ ] DELETE  
NAME ROWLETT, JACK C  
STREET ADDRESS 3505 FRONTAGE RD, STE 145  
CITY-ST-ZIP TAMPA FL  
TITLE VD [ ] DELETE  
NAME JOHNSTON, TY  
STREET ADDRESS 3505 FRONTAGE RD., STE 145  
CITY-ST-ZIP TAMPA FL  
TITLE TD [ ] DELETE  
NAME SEWELL, BRIAN  
STREET ADDRESS 3505 FRONTAGE RD., STE 145  
CITY-ST-ZIP TAMPA FL  
TITLE SD [X] DELETE  
NAME KUNKEL, BRENDA  
STREET ADDRESS 3505 FRONTAGE RD., STE 145  
CITY-ST-ZIP TAMPA FL  
TITLE D [X] DELETE  
NAME DEPIN, TERRI  
STREET ADDRESS 12027 WANDSWORTH DR  
CITY-ST-ZIP TAMPA FL  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [X] Addition  
4.2 NAME GASTLER, HAROLD  
4.3 STREET ADDRESS 9404 WOODBAY DRIVE  
4.4 CITY-ST-ZIP TAMPA FL 33626  
5.1 TITLE [ ] Change [X] Addition  
5.2 NAME KEMERER, WILLIAM  
5.3 STREET ADDRESS 12005 BREWSTER DRIVE  
5.4 CITY-ST-ZIP TAMPA FL 33626  
6.1 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] REQUIRED 1-31-97 813-246-8899  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0018068

CR2E037 (9/96)