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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4030 DIJON DRIVE, ORLANDO FL 32808 US
Mailing Address: 4030 DIJON DRIVE, ORLANDO FL 32808 US

3. Date Incorporated or Qualified: 03/18/1991
4. FEI Number: 59-3082256
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KOBACK, CHRISTOPHER, C/O ANDELA GORDON PROPERTY MGMT INC, 4030 DIJON DRIVE, ORLANDO FL 32808

10. Name and Address of New Registered Agent: 81 Name: ANGELIA, 82 Street Address: C/O ANGELIA, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ROWLETT, JACK C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3505 FRONTAGE RD, STE 145	CITY-ST-ZIP: TAMPA FL	1.2 NAME	
TITLE: PD	NAME: JOHNSTON, TY	1.3 STREET ADDRESS	
STREET ADDRESS: 3505 FRONTAGE RD., STE 145	CITY-ST-ZIP: TAMPA FL	1.4 CITY-ST-ZIP	
TITLE: TD	NAME: SEWELL, BRIAN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3505 FRONTAGE RD., STE 145	CITY-ST-ZIP: TAMPA FL	2.2 NAME	
TITLE: D	NAME: GASTLER, HAROLD	2.3 STREET ADDRESS	
STREET ADDRESS: 9404 WOODBAY DR	CITY-ST-ZIP: TAMPA FL	2.4 CITY-ST-ZIP	
TITLE: D	NAME: KEMERER, WILLIAM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12005 BREWSTER DR	CITY-ST-ZIP: TAMPA FL	3.2 NAME	
TITLE: SD	NAME: ARGUS, ROBERT JR.	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 12027 BREWSTER DR	CITY-ST-ZIP: TAMPA FL	3.4 CITY-ST-ZIP	
TITLE: []	NAME: []	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	4.2 NAME	
TITLE: []	NAME: []	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	4.4 CITY-ST-ZIP	
TITLE: []	NAME: []	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	5.2 NAME	
TITLE: []	NAME: []	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	5.4 CITY-ST-ZIP	
TITLE: []	NAME: []	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	6.2 NAME	
TITLE: []	NAME: []	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: []	CITY-ST-ZIP: []	6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: 2/12/98

CR2E037 (10/97)

**Additional Directors and/or Officers for
Westchase Community Association, Inc.
Document # N42523**

**D
Cureton, Scott
10106 Bennington Drive
Tampa, Fl**

**D
Tully, Victoria
9862 Bridgeton Drive
Tampa, Fl**

**D
Hindman, Sue
11829 Lancashire Drive
Tampa, Fl**

**D
Kunkel, Brenda
3505 Frontage Rd. Suite 145
Tampa, Fl**

**D
Bueris, Greg
11804 Middlebury Drive
Tampa, Fl**