

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90013 001 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N42523**
 1. Corporation Name
WESTCHASE COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
4131 GUNN HIGHWAY (SAME)
TAMPA, FL. 33624

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		MARCH 18, 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3082256	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip Country		Zip Country		\$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GAIL E. FLOWERS, LCAM 4/5 GREENACRE PROPERTIES, INC. 4131 GUNN HWY. TAMPA, FL. 33624				81	Name			GAIL E. FLOWERS LCAM
				82	Street Address (P.O. Box Number is Not Acceptable)			4131 GUNN HWY.
				83	City			TAMPA, FL. 33624
				84	85	State	Zip Code	FL

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 Gail E. Flowers, LCAM DATE 3-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Bob Argus, Jr.			1.2 NAME			
STREET ADDRESS	12027 Brewster Drive			1.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33626			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Pam Prysner			2.2 NAME			
STREET ADDRESS	10350 Abbotsford Drive			2.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33626			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Kathy Jacobs			3.2 NAME			
STREET ADDRESS	3505 Frontage Rd. Ste. 145			3.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33607			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Linda Walker			4.2 NAME			
STREET ADDRESS	11839 Lancashire Drive			4.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33626			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Scott Cureton			5.2 NAME			
STREET ADDRESS	10106 Bennington Drive			5.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33626			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Brian Sewell			6.2 NAME			
STREET ADDRESS	3505 Frontage Rd. Ste. 145			6.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33607			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, with all other like empowered.

SIGNATURE: Robert L. Argus, Jr. DATE: 3/19/99 DAYTIME PHONE #: 813) 818-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

SEE ATTACHED LIST FOR BOARD MEMBERS

N42523
28410790013.1

D
Gary Konopka
10548 Greensprings Drive
Tampa, FL 33626

D
Ty Johnston
3505 Frontage Rd. Ste. 145
Tampa, FL 33607

D
Fran Surles
12417 Glenfield Avenue
Tampa, FL 33626

D
Victoria Tully
9862 Bridgeton Drive
Tampa, FL 33626

D
Brenda Kunkel
3505 Frontage Rd. Ste. 145
Tampa, FL 33626