

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90084 025 ****61.25

DOCUMENT # N42523

1. Entity Name

WESTCHASE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY
 TAMPA FL 32908
 US

4131 GUNN HIGHWAY
 TAMPA FL 33624-4725
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3082256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FLOWERS, GAIL E LCAM~~
~~4131 GUNN HWY.~~
~~TAMPA FL 33624~~

Name

ROGANNE M. CLARK

Street Address (P.O. Box Number is Not Acceptable)

4131 GUNN HWY

City

TAMPA

FL

Zip Code

33624

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Roganne M. Clark

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KONOPKA, GARY	
STREET ADDRESS	10548 GREENSPRINGS DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, TY	
STREET ADDRESS	8505 FRONTAGE RD., STE 145	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SURLES, FRAN	
STREET ADDRESS	12417 EDENFIELD AVENUE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TULLY, VICTORIA	
STREET ADDRESS	9862 BRIDGETON DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, BRENDA	
STREET ADDRESS	3505 FRONTAGE RD., STE. 145	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEWELL, BRIAN	
STREET ADDRESS	3505 FRONTAGE RD., STE. 145	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB ARGUS	
STREET ADDRESS	12021 BREWSTER	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM PRYBNER	
STREET ADDRESS	10350 ABBOTTS FORD	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD O'KEEFE	
STREET ADDRESS	9826 GINGERWOOD	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Thomas, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/00

813-818-9850

Daytime Phone #

CR2E037 (9/99)

00013026



DO NOT WRITE IN THIS SPACE