

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90078 043 \*\*\*\*61.25

**DOCUMENT # N42523**

1. Entity Name

**WESTCHASE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY  
 TAMPA FL 32808  
 US

4131 GUNN HIGHWAY  
 TAMPA FL 32808  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3082256**

Applied For

Not Applicable

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

**CLARK, ROGANNE M**  
**4131 GUNN HWY.**  
**TAMPA FL 33624**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 checked="" 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	SEWELL, BRIAN	
STREET ADDRESS	3505 FRONTAGE RD., STE. 145	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SCHAROEDER	
STREET ADDRESS	10230 WOODFORD BRIDGE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK RAGUSA	
STREET ADDRESS	11910 KEATING DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARJET MEIER	
STREET ADDRESS	12115 GLENCLIFF CIR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL LAMBERT	
STREET ADDRESS	12404 DANBY CT.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Change <input 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: *[Signature]* **REINSTATEMENT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)