
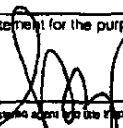
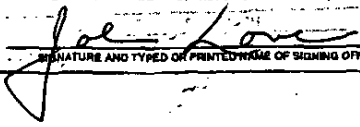


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N42523 1. Entity Name WESTCHASE COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 9515 W. LINEBAUGH TAMPA, FL 33626 US		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-3082256		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, ROGANNE M 4131 GUNN HWY. TAMPA, FL 33624		7. Name and Address of New Registered Agent Name: <u>Steve Mezer</u> Street Address (P.O. Box Number is Not Acceptable): <u>220 South Franklin</u> <u>Tampa</u> City: _____ State: <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		STEVEN H. MEZER <u>4/7/04</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: _____ NAME: MILLS, JIM STREET ADDRESS: 10121 KINGSBRIDGE CITY-ST-ZIP: TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: LOVE, JOHN STREET ADDRESS: 10550 GREENSPRINGS CITY-ST-ZIP: TAMPA, FL 33626	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: LAFER, NATHAN STREET ADDRESS: 9805 GINGERWOOD CITY-ST-ZIP: TAMPA, FL 33628	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Meier, Harriet STREET ADDRESS: 12115 Glencliff Cr. CITY-ST-ZIP: Tampa, FL 33626
TITLE: _____ NAME: STEIN, JONATHAN STREET ADDRESS: 11810 MARBLEHEAD CITY-ST-ZIP: TAMPA, FL 33626	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: DELAMER, BRIAN STREET ADDRESS: 10617 TAVISTOCK CITY-ST-ZIP: TAMPA, FL 33626	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: MANNING, DARYL STREET ADDRESS: 10301 GREENHEDGES CITY-ST-ZIP: TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Hackney, Harold STREET ADDRESS: 10318 Millport Drive CITY-ST-ZIP: Tampa, FL 33626
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: 		May 12, 2004 813-726-4571 <small>Date Daytime Phone #</small>

66423039



01302004 Chg-NP CR2E037 (10/03)