


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90069 048 \*\*\*\*61.25

**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

Zip Country

40011300



02162005 Chg-NP CR2E037 (10/03)

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

**MEZER, STEVE  
 220 S. FRANKLIN  
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLS, JIM</b> <b>10121 KINGSBRIDGE</b> <b>TAMPA, FL 33626</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOVE, JOHN</b> <b>10550 GREENSPRINGS</b> <b>TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARYL MANNING</b> <b>10301 GREENHEDGES DR</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MEIER, HARRIET</b> <b>12115 GLENCLIFF CR</b> <b>TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DON COSTELLO</b> <b>10304 MILLPORT DR.</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STEIN, JONATHAN</b> <b>11810 MARBLEHEAD</b> <b>TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRIAN ROSS</b> <b>10106 ROWLETT WAY</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELAMER, BRIAN</b> <b>10617 TAVISTOCK</b> <b>TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUBEN COLLAZO</b> <b>10707 AYRSHIRE</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKNEY, HAROLD</b> <b>10318 MILLPORT DRIVE</b> <b>TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BILLY KINERLIN</b> <b>10603 CHAMBERS DR</b> <b>TAMPA FL 33626</b>

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:** James P. Mills **JAMES P. MILLS** 2/24/05 813-299-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #