


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 008 ****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		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
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JIM		NAME		
STREET ADDRESS	10121 KINGSBRIDGE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, DARYL		NAME		
STREET ADDRESS	10301 GREENHEDGES DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTELLO, DON		NAME	MARY GRIFFIN	
STREET ADDRESS	10304 MILDRED DR		STREET ADDRESS	9014 WEST PARK VILLAGE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, BRIAN		NAME		
STREET ADDRESS	10106 RONLETT NAY		STREET ADDRESS	10106 ROWLETT WAY	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, RUBEN		NAME		
STREET ADDRESS	10701 AYRSHIRE		STREET ADDRESS	10707 AYRSHIRE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLIN, BILLY KIM		NAME	CARLOS QUIROS	
STREET ADDRESS	10603 CHAMBERS DR		STREET ADDRESS	10114 PARLEY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	TAMPA, FL 33626	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			1/26/06 913 416 8852		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		