



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 018 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| DOCUMENT # N42523  |   |  |   |   |  |
| 1. Entity Name<br>WESTCHASE COMMUNITY ASSOCIATION, INC.  |   |  |   |  |  |
| Principal Place of Business<br>9545 W. LINEBAUGH TAMPA, FL 33626 US  |   | Mailing Address<br>4131 GUNN HIGHWAY TAMPA, FL 33624 US  |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br>59-3082256  |  |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent  |  |
| MEZER, STEVE<br>220 S. FRANKLIN<br>TAMPA, FL 33624<br>33602  |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2008   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MILLS, JIM<br>10121 KINGSBRIDGE<br>TAMPA, FL 33626             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Ben Reinhardt VP<br>9402 Edenton way<br>Tampa, Fl 33626                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MC ARTHUR, GENE<br>12441 BRISTOL COMMONS CR<br>TAMPA, FL 33626 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Nancy Sells<br>12123 Clear Harbor<br>Tampa, Fl 33626                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GRIFFIN, MARY<br>9619 W. PARK VILLAGE DR.<br>TAMPA, FL 33626   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | John Schmidt<br>10017 Parley Dr.<br>Tampa, Fl 33626                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ROSS, BRIAN<br>1016 ROWLETT WAY<br>TAMPA, FL 33626             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>COLLAZO, RUBEN<br>10707 AYRSHIRE DR<br>TAMPA, FL 33626        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>QUIROS, CARLO<br>10114 PARLEY DR<br>TAMPA, FL 33626            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>W. Huber Bell</u> _____ Date _____ Daytime Phone # _____   |   |  |   |  |  |