

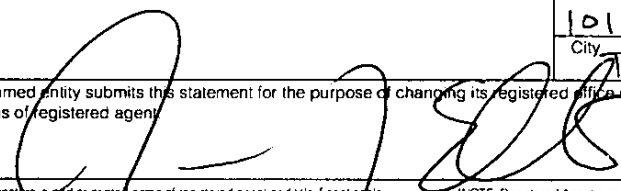


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N42523					
1. Entity Name WESTCHASE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 12179 W LINELAUGH AVENUE TAMPA, FL 33626 US			Mailing Address 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		07112008 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
MEZER, STEVE 1801 NORTH HIGHLAND AVENUE TAMPA, FL 33602			Name <u>Jonathan Ellis, Esquire</u> Street Address (P.O. Box Number is Not Acceptable) <u>Shumacher Loop & Kendrick</u> <u>101 East Kennedy Blvd, suite 2800</u> City <u>Tampa</u> FL Zip Code <u>33602</u>		
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 			DATE <u>8-1-08</u>		
Amended AR is \$61.25			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	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARDT, BEN			NAME	
STREET ADDRESS	9402 EDENTON WAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLS, NANCY			NAME	
STREET ADDRESS	12123 CLEAR HARBOR			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, MARY			NAME	
STREET ADDRESS	9619 W. PARK VILLAGE DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JOHN			NAME	
STREET ADDRESS	10017 PARLEY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, RUBEN			NAME	
STREET ADDRESS	10707 AYRSHIRE DR			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, CARLO			NAME	
STREET ADDRESS	10114 PARLEY DR			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
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. Ruben Collazo</u>			Date: <u>8-5-08</u>		Daytime Phone #: <u>8139266404</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

08 SEP - 2 AM 8:16

RECEIVED OF STAFF
TALLAHASSEE, FLORIDA

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