

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90142 015 \*\*\*\*61.25

**DOCUMENT # N51444**

1. Entity Name

**WESTCHESTER AT GOLFVIEW CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**14849 HOLE-IN-ONE CIR.  
FT MYERS FL 33919-7147  
US**

Mailing Address

**15849 HOHE-IN-ONE CIR.  
FT. MYERS FL 33919-7147  
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

**65-0424439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATOE, DENNIS  
509 EDISON AVE  
LEHIGH ACRES FL 33936**

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]*

*Dennis J. Catoe*

*3-15-07*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANFRE, MIKE	
STREET ADDRESS	14771 HOLE-IN-ONE CIR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMERMAN, GERALD	
STREET ADDRESS	14771 HOLE-IN-ONE CIR.	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, HARRY	
STREET ADDRESS	14771 HOLE-IN-ONE CIR.	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'CONNOR, VINCE	
STREET ADDRESS	14771 HOLE-IN-ONE CIR.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERDELL, JACK	
STREET ADDRESS	14771 HOLE-IN-ONE CIR	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMERMAN GERALD	
STREET ADDRESS	14771 HOLE-IN-ONE CIR	
CITY - ST - ZIP	FORT MYERS FL 33919	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HARRY	
STREET ADDRESS	14771 HOLE-IN-ONE	
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT F. O'CONNOR	
STREET ADDRESS	14771 HOLE-IN-ONE	
CITY - ST - ZIP	FORT MYERS	
TITLE	SECRET.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAHAN, CLARA	
STREET ADDRESS	14771 HOLE-IN-ONE CIRCLE	
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Vince O'Connor* President

*3/8/07*

*489-3808*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #