

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90031 030 ****61.25

DOCUMENT # N95000001782			
1. Entity Name THE LAKES OF WESTCHESTER COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 6799 CAMILLE ST. BOYNTON BEACH, FL 33437		Mailing Address C/O SEACREST SERVICES, INC. 2400 CENTREPARK DR. W., SUITE 175 W. PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # CAS 951 BROKEN SOUND Suite, Apt. #, etc. -250		3. Mailing Address C/O CAS 951 BROKEN SOUND Suite, Apt. #, etc. PKRTY-STE 350	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487		Country PALM BEACH	
4. FEI Number 65-0602901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKER, KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVENUE SOUTH, #400 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name STEVE RHOADS Street Address (P.O. Box Number is Not Acceptable) C/O CAS 951 BROKEN SOUND PKRTY, STE 250 City BOCA RATON FL Zip Code 33487	
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 2/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 S NAME NECKRICH, CAROLE <input type="checkbox"/> Delete STREET ADDRESS 6756 CAMILLE ST CITY-ST-ZIP BOYNTON BEACH, FL 33437	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME KORSEN, MARK <input checked="" type="checkbox"/> Delete STREET ADDRESS 6930 CAMILLE ST. CITY-ST-ZIP BOYNTON BEACH, FL 33437	TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BOB A. NEWMARK STREET ADDRESS 6900 ASHTON ST CITY-ST-ZIP BOYNTON BEACH, FL 33437		
TITLE T NAME KORR, HERBERT <input checked="" type="checkbox"/> Delete STREET ADDRESS 6876 CAMILLE ST CITY-ST-ZIP BOYNTON BEACH, FL 33437	TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME GREENBERG, LEWIS STREET ADDRESS 12140 DUNHILL DR CITY-ST-ZIP BOYNTON BEACH, FL 33437		
TITLE D NAME GOLDENBERG, PETER <input checked="" type="checkbox"/> Delete STREET ADDRESS 12180 DUNHILL DR CITY-ST-ZIP BOYNTON BEACH, FL 33437	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME MAURO, SALVATORE <input type="checkbox"/> Delete STREET ADDRESS 6827 ASHTON ST CITY-ST-ZIP BOYNTON BEACH, FL 33437	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MAURO, SALVATORE STREET ADDRESS 6827 ASHTON ST CITY-ST-ZIP BOYNTON BEACH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KOCHMAN, RUTH STREET ADDRESS 6906 ASHTON ST CITY-ST-ZIP BOYNTON BEACH, FL 33437		
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: Lewis Greenberg 2/9/07 (561)364-4790 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			