

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001782

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE LAKES OF WESTCHESTER COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMS
314 NE 3RD ST.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

C/O CAMS
314 NE 3RD ST.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0602901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, ROBERT ESQ
ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE, STE. 701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: NECKRICH, CAROLE
Address: 6756 CAMILLE ST
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: NEWMARK, BOB A
Address: 6900 ASHTON STREET
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: GREENBERG, LEWIS
Address: 12140 DUNHILL DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: MAURO, SALVATORE
Address: 6827 ASHTON ST
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KOCHMAN, RUTH
Address: 6906 ASHTON STREET
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: COHEN, ELIOT
Address: 6847 CAMILLE STREET
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: PD (X) Change () Addition
Name: NEWMARK, BOB A
Address: 6900 ASHTON STREET
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TD (X) Change () Addition
Name: GREENBERG, LEWIS
Address: 12140 DUNHILL DR.
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VPD (X) Change () Addition
Name: MAURO, SALVATORE
Address: 6827 ASHTON ST
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB A NEWMARK

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date