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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002835 (4)

1. Corporation Name

WESTCHASE COMMERCIAL OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3505 FRONTAGE ROAD
SUITE 145
TAMPA FL 33607

3505 FRONTAGE ROAD
SUITE 145
TAMPA FL 33607-1748

3. Date Incorporated or Qualified
05/29/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

ROWLETT, JOHN C
3505 FRONTAGE ROAD
SUITE 145
TAMPA FL 33607

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROWLETT, JOHN C
STREET ADDRESS 3505 FRONTAGE ROAD SUITE 145
CITY-ST-ZIP TAMPA FL 33607

TITLE VD ☐ DELETE

NAME JOHNSTON, H T
STREET ADDRESS 3505 FRONTAGE ROAD SUITE 145
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE

NAME KUNKEL, BRENDA
STREET ADDRESS 3505 FRONTAGE ROAD SUITE 145
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE

NAME SEWELL, BRIAN
STREET ADDRESS 3505 FRONTAGE ROAD SUITE 145
CITY-ST-ZIP TAMPA FL 33607

TITLE STD ☐ DELETE

NAME JACOBS, KATHY S
STREET ADDRESS 3505 FRONTAGE ROAD SUITE 145
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)