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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002835

1. Corporation Name

WESTCHASE COMMERCIAL OWNERS ASSOCIATION, INC.

Principal Place of Business

3505 FRONTAGE ROAD
SUITE 145
TAMPA FL 33607

Mailing Address

3505 FRONTAGE ROAD
SUITE 145
TAMPA FL 33607



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

59-3446457

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **SEWELL, BRIAN**

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

3505 FRONTAGE ROAD, SUITE 145

83

84 City **TAMPA**

FL

85 Zip Code **33607**

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 reinstating)

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 **ROWLETT, JOHN C**
1.3 STREET ADDRESS **3505 FRONTAGE ROAD, SUITE 145**
1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33607**

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 **SEWELL, BRIAN**
4.3 STREET ADDRESS **3505 FRONTAGE ROAD, SUITE 145**
4.4 CITY-ST-ZIP **TAMPA, FLORIDA 33607**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

(813) 286-8899 ex 21

Daytime Phone #

CR2E037 (11/98)