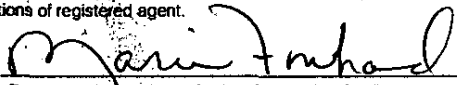


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90098 017 ****61.25

DOCUMENT # N97000001474					
1. Entity Name WESTCHASE MANOR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8128 BEATLE BLVD. JACKSONVILLE, FL 32244			Mailing Address P O BOX 441022 JACKSONVILLE, FL 32222		
2. Principal Place of Business 6640 103rd St		3. Mailing Address 6640 103rd St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3548236	
Zip 32210		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TONEY, EDWARD L 5175 BLANDING BLVD. JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent FOREHAND Realty Co Street Address (P.O. Box Number is Not Acceptable) 6640 103rd St City Jacksonville FL Zip Code 32210		
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 4-8-04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICK, JOHN 8172 TESSA TERRACE EAST JACKSONVILLE, FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAFFORD, DEREK 5316 TESSA TERRACE JACKSONVILLE, FL, 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THERRELL, BILL 8179 TESSA TERRACE JACKSONVILLE, FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Ruiz 5376 TESSA TERRACE JACKSONVILLE, FL, 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EISENMENCER, MARINA 5332 LACY JANE WAY LYNN HAVEN, FL 32444	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EISENMENCER, Marina 5-332 LACY JANE WAY JACKSONVILLE, FL, 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIACK, ROSE 8167 TESSA TERRACE EAST JACKSONVILLE, FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tiffany Frazier 8070 TESSA TERRACE EAST JACKSONVILLE, FL, 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, WILLIAM 5376 TESSA TERRACE JACKSONVILLE, FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kohl, Ellen 8107 TESSA TERRACE EAST JACKSONVILLE, FL, 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EVELYN 5382 TESSA TERRACE JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change ☐ Addition
12. 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 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: 			Date 4-8-04 904-449-2108		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		