

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 011 ****61.25

DOCUMENT # N97000001474					
1. Entity Name WESTCHASE MANOR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6640 103RD ST. JACKSONVILLE, FL 32244			Mailing Address 6640 103RD ST. JACKSONVILLE, FL 32244		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">14004940</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FOREHAND REALTY CO. 6640 103RD ST. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name <u>Marie Forehand</u> Street Address (P.O. Box Number is Not Acceptable) <u>6640 103rd St</u> City <u>Jacksonville</u> FL Zip Code <u>32210</u>	
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 <u>Marie Forehand</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-26-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 P NAME STAFFORD, DEREK STREET ADDRESS 5316 TESSA TERR. CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE P NAME Don maxie STREET ADDRESS 5359 Beattie Ct CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME RUIZ, WILLIAM STREET ADDRESS 5376 TESSA TERR. CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE V NAME Michael Cobb STREET ADDRESS 5385 Jessa Terrace East # CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME EISENMEKER, MARINA STREET ADDRESS 5332 LACY JANE WAY CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE S NAME Tiffany Frazier STREET ADDRESS 3070 Jessa Terrace CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FRAZIER, TIFFANY STREET ADDRESS 8070 TESSA TERRACE E CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE T NAME Ellen Kohl STREET ADDRESS 8107 Jessa Terrace CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KOHL, ELLEN STREET ADDRESS 8107 TESSA TERR. EAST CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE D NAME Jennifer Fritz STREET ADDRESS 8096 Beattie Blvd. CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JOHNSON, EVELYN STREET ADDRESS 5382 TESSA TERRACE CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE D NAME Marina Eisenmenger STREET ADDRESS 5332 Lacy Jane Way CITY-ST-ZIP Jacksonville, Fl 32244	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Don maxie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-27-05</u> <u>904-771-2345x224</u> <small>Date Daytime Phone #</small>		