2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001474

FILED Apr 22, 2009 Secretary of State

Entity Name: WESTCHASE MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	JOSE PLACE			
SUITE 27 JACKSON	IVILLE, FL 322	57		
	lailing Addres		New Mailing Addres	:s:
	•		9	-
PO BOX 5 JACKSON	IVILLE, FL 322	41		
FEI Number	: 59-3548236	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	MANAGEMENT JOSE PLACE	, INC.		
	IVILLE, FL 322	57 US		
JACKSON The above	named entity s		purpose of changing its registere	ed office or registered agent, or both,
JACKSON The above n the State	named entity s e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
JACKSON The above	e named entity s e of Florida. RE:	submits this statement for the		
JACKSON The above n the State SIGNATU	e named entity s e of Florida. RE: Electron	submits this statement for the ic Signature of Registered Ag	ent	Date
JACKSON The above n the State SIGNATU	e named entity s e of Florida. RE:	submits this statement for the ic Signature of Registered Ag	ent	
JACKSON The above In the State SIGNATUE OFFICER Title: Name: Address:	e named entity see of Florida. RE: Electron S AND DIRECT	ic Signature of Registered Ag FORS: Delete SON COURT	ent	Date
JACKSON The above n the State SIGNATU	e named entity se of Florida. RE: Electron S AND DIRECTOR DVP () WANDA, HARRI 5343 BEACHER JACKSONVILLE	ic Signature of Registered Ag FORS: Delete SON COURT E, FL 32244 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: LAUREN CARR MGR 04/22/2009