
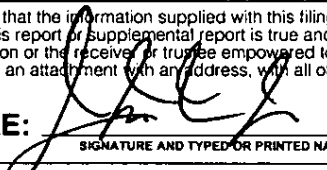


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 021 ****61.25

DOCUMENT # N99000006055 1. Entity Name WESTCHESTER MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Mailing Address PO BOX 2157 OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3621263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIRST CHOICE ASSOCIATION % JAMES NOLAN 4174 WOODLANDS PKWY PALM HARBOR, FL 34685				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, LIZ	NAME			
STREET ADDRESS	12119 BISHOP STONE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLESANTS, DONALD A	NAME			
STREET ADDRESS	5222 S. CRESCENT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRULL, LORI	NAME			
STREET ADDRESS	C/O JMG ROLRY, 10014 N BALE MABAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  James Nolan <i>(Agent)</i>					
Date 3/9/06 (727) 785-8887					

50005706



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3621263

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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Due by May 1, 2006**

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 Trust Fund Contribution. ☐

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**Make check payable to
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SIGNATURE:  **James Nolan** *(Agent)* Date **3/9/06** (727) 785-8887