

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91475 010 ****61.25

DOCUMENT # N99000006055

1. Entity Name
WESTCHESTER MASTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**255 PINE AVENUE N
OLDSMAR, FL 34677**

Mailing Address
**255 PINE AVENUE N
OLDSMAR, FL 34677**

2. Principal Place of Business
3974 TAMPA ROAD

3. Mailing Address
PO BOX 2157

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

City & State
OLDSMAR FL

City & State
OLDSMAR FL

Zip
34677

Country

Zip
34677

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3621263

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER, FL 33766**

7. Name and Address of New Registered Agent

Name **JACK B. HANSON**

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

3974 TAMPA ROAD, SUITE B

OLDSMAR FL 34677

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

[Signature] **JACK B. HANSON**

4/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☒ Delete
NAME **HUTCHINSON, ROBERT B**
STREET ADDRESS **26760 U.S. HIGHWAY 19 N. SUITE 301**
CITY-STATE-ZIP **CLEARWATER, FL 337611306**

TITLE **VPD** ☐ Delete
NAME **PLESANTS, DONALD A**
STREET ADDRESS **6222 S. CRESCENT DRIVE**
CITY-STATE-ZIP **TAMPA, FL 33611**

TITLE **STD** ☒ Delete
NAME **DOMBROWSKI, RICHARD**
STREET ADDRESS **26760 US HIGHWAY-19 N. SUITE 301**
CITY-STATE-ZIP **CLEARWATER, FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Change ☐ Addition
NAME **RYDER, SHELLY**
STREET ADDRESS **11609 WINDSORTON WAY**
CITY-STATE-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME **BISHOP, LYDIA**
STREET ADDRESS **18065 TUSCANY BAY DRIVE**
CITY-STATE-ZIP **TAMPA FL 33626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 another like empowered.

SIGNATURE:

[Signature] **Shelly Ryder Pres**

4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E037 (10/02)