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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738450** **(6)**

1. Corporation Name

~~SUNNY SHORES VILLAGE, INC.~~

WESTMINSTER SHORES, INC.

Principal Place of Business	Mailing Address
125 56TH AVE. SOUTH ST. PETERSBURG FL 33705	50 W LUCERNE CIR ORLANDO FL 32801-3740 US

3. Date Incorporated or Qualified: 03/24/1977
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0714826 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~REAMS, HUGH E.~~
~~360 CENTRAL AVENUE, STE. 1500~~
~~ST. PETERSBURG FL 33701.~~

10. Name and Address of New Registered Agent

81 Name: Keith, Henry T.
82 Street Address (P.O. Box Number is Not Acceptable): 50 West Lucerne Circle
83
84 City: Orlando **FL** 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAUER, NANCY S.		1.2 NAME		
STREET ADDRESS	515 PADUA CIRCLE N.E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	REAMS, HUGH E.		2.2 NAME	Emerson, James F.	
STREET ADDRESS	360 CENTRAL AVE., S-1500		2.3 STREET ADDRESS	50 West Lucerne Circle	
CITY-ST-ZIP	ST PETERSBURG, FL. 0		2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VPD	☒ DELETE	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	GILLESPIE, JAMES, R		3.2 NAME	Donna M. Smaage	
STREET ADDRESS	1728 SERPENTINE DR S		3.3 STREET ADDRESS	50 West Lucerne Circle	
CITY-ST-ZIP	ST.PETERSBURG FL		3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	TD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ROLLESTONE, JAMES A.		4.2 NAME	Keith, Henry T.	
STREET ADDRESS	5315 BOWLINE BEND		4.3 STREET ADDRESS	50 West Lucerne Circle	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	~~D~~	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	SHANNON, EUGENIA R.		5.2 NAME		
STREET ADDRESS	1015 14TH ST., WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	400002153034	☐ Change ☐ Addition
NAME	FERGUSON, REV HARRY		6.2 NAME	-04/24/97--01006--006	
STREET ADDRESS	6330 54TH AVE NO		6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M Smaage 4/10/97 407-839-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015992

4/22/97