FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738450 (6)

WESTMINSTER SHORES, INC.

FILED May 18 1998 8:00am Secretary of State

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] 1871-1 1888 1884 1811 1884 1881 1881 1881			
Principal Place of Business Mailing Address						1 1006114 (0000 11)701 (01)11 01001 01151 01011 01011 81001 01011 01011 01011 01011 01011 01011			
50 WEST LUCERNE-CIRCLE ORLANDO FL 32801 ORLANDO FL 32801						3. Date Incorporated or Qualified 03/24/1977			
						4. FEI Number		Applied For	
					ĺ	59-0714826		Not Applicable	
2. Principal Place of Business 2a. Mailing Address						S. Cartificate of Status Decired			
21 80 West Lucerne Circle 26 80 West Luc				<u>e Ci</u>	cle	C. Certificate of States Desired	Fee F	Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing		May Be	
22 27						Trust Fund Contribution Added to Fees			
City & State	e	City & State			-	7. Is this nonprofit corporation a homeowners association?			
23 Zip	Country	28 Zip	Zip Country			☐ Yes 🗷 No			
24	Codinity	- ├ ── ` - 	30	─ `		 This corporation owes or has paid the of Personal Property Tax due June 30. 		ntangible	
41	9. Name and Address of Curren		<u>30 </u>			10. Name and Address of New Registere		- INO MINI	
				81 Name	B				
KEITH. H	IENDY T			20 00	N A d al	- (0.0 p. N. L 1.1 p. 1			
	LUCERNE CIRCLE					dress (P.O. Box Number is Not Acceptable)			
	O FL 32801		í	83	1100	t baccine circle			
OILOUD	0 16 32001								
			- 1	64 City		F		Code	
11. Pursuant	to the provisions of Sections 617.050:	2 and 617.1508, Florida Statute	s, the at	xove-name	d corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the a	of changing	its registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617,0503, Flo	uthorizeo rida Stat	i by the co utes.	rporatio	n's board of directors. I hereby accept the a	opointment a	s registered	
SIGNATURE	Hotel					Treasurer 4-/	5-98	ĺ	
SIGNATURE .	Signature, typed of printed thme of registered age	nt and title if applicable (NOTE	Registe ed	Agent signatu	re required	when reinstating) DATE	<i>- 1</i>		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AT			
TITLE	PD	DELETE	1.1 T	-	D		Change	Addition	
HAME	BAUER, NANCY S.		1.2 N		1			_ }	
STREET ADDRESS	615 PADUA CIRCLE N.E.			reet address	11.	l7 Darlington Oak Dr			
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE		TY-ST-ZIP	╁		22 Change	33703 Addition	
TITLE	PHEDOON MARCE	ר ו הנוננונ	2.1 10		1		A change	L.J Addition	
NAME STORET ADDRESS	EMERSON, JAMES F		2.2 NA		100			ļ	
STREET ADDRESS	50 WEST-LUCERNE CIRCLE			REET ADDRESS	180	West Lucerne Circle			
CITY-ST-ZIP TITLE	ORLANDO FL 32801	T DELETE	3.1 TI	TY-ST-ZIP	┼		Change	Addition	
NAME	KEITH, HENRY T	500010	3.2 NA		1		Ollange	Addition	
STREET ADDRESS	50 WEST LUCERNE CIRCLE			mic Reet address	0.0	**************************************		ł	
CITY-ST-ZIP	ORLANDO FL 32801			TY-ST-ZIP	RO	West Lucerne Circle		Į	
TITLE	S	DELETE	4.1 T)1		- D.D.		Change	[] Addition	
NAME	SHANNON, EUGENIA R		4 2 N		PD				
STREET ADDRESS	50 WEST LUCERNE CIRCLE			REET ADDRESS	401	l 57th Street West		ĺ	
CITY-ST-ZIP	ORLANDO FL-32801			Y-ST-ZIP	1 -	adenton, FL 34209		ĺ	
TITLE	AS	☐ DELETE	5.1 TIT		+===		Change	Addition	
NAME	SMAAGE, DONNA M		5.2 NA		1		/= ·	1	
STREET ADDRESS	50 WEST LUCERNE CIRCLE			REET ADDRESS	80	West Lucerne Circle		ţ	
CITY-ST-ZIP	ORLANDO FL 32801			Y-ST-ZIP	100	were pacerne circle		ì	
TITLE	0	☐ DELETE	6.1 TH		†		Change	Addition	
NAME	FERGUSON, REV HARRY		6.2 NA	ME	1		-	f	
STREET ADDRESS	6330 54TH AVE NO			REET ADDRESS				(
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CF	Y-ST-ZIP	1			ļ	
44	414 41 4 11 1 7 11								

14. 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 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR