FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90087 022 ****70.00

DOCUMENT # **738450**

1. Corporation Name
WESTMINSTER SHORES, INC.

Principal Place of Business	Mailing Address
80 W LUCERNE CIR ORLANDO FL 32801 US	80 W LUCERNE CIR ORLANDO FL 32801 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/24/1977

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

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

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

9. Name and Address of Current Registered Agent

KEITH, HENRY T
80 W LUCERNE CIR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	~~D~~	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BAUER, NANCY S.~~		1.2 NAME	Dye, Stephen	
STREET ADDRESS	~~1117 DARLINGTON OAK DR NE~~		1.3 STREET ADDRESS	80 West Lucerne Circle	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33703~~		1.4 CITY-ST-ZIP	~~Orlando, FL 32801~~	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, JAMES F		2.2 NAME		
STREET ADDRESS	80 W LUCERNE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, HENRY T		3.2 NAME		
STREET ADDRESS	80 W LUCERNE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHANNON, EUGENIA R		4.2 NAME		
STREET ADDRESS	~~401 57TH STREET W~~		4.3 STREET ADDRESS	80 West Lucerne Circle	
CITY-ST-ZIP	~~BRADENTON FL 34209~~		4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMAAGE, DONNA M		5.2 NAME		
STREET ADDRESS	80 LUCERNE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	FERGUSON, REV HARRY		6.2 NAME		
STREET ADDRESS	~~6330 54TH AVE NO~~		6.3 STREET ADDRESS	80 West Lucerne Circle	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~		6.4 CITY-ST-ZIP	Orlando, FL 32801	

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, with all other like empowered.

SIGNATURE: Donna M Smaage **SIGNATURE REQUIRED** 4/19/99 407-839-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001637

CR2E037 (11/98)