

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750009 (3)
1. Corporation Name
WESTMINSTER COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3100 36TH STREET N APT 30 ST PETERSBURG FL 33713
Mailing Address: 3100 36TH STREET N APT 30 ST PETERSBURG FL 33713

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/03/1979 | 3a. Date of Last Report 04/10/1995 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2151265 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PETER D GRAHAM 5200 CENTRAL AVE P.O. BOX 14409 ST. PETERSBURG FL 33710 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | VD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUELS, KAREN | 1.2 NAME | |
| STREET ADDRESS | 3100 36TH ST N, #17 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAINWATER, CARLOS | 2.2 NAME | |
| STREET ADDRESS | 3576 18TH AVE. N. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, PAUL T. | 3.2 NAME | |
| STREET ADDRESS | 8762 15TH LN N. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG BCH., F | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, JOYCE | 4.2 NAME | |
| STREET ADDRESS | 3100 36TH ST. N. #15 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SGRO, NICHOLAS | 5.2 NAME | |
| STREET ADDRESS | 3100 36TH ST., #14 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 Date
853 3286 Daytime Phone #

CR2E037 (12/95)