

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90046 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 750009

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	
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	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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 \_\_\_\_\_ 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSAMUELS, 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	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DMICHELLE FARREN	2.2 NAME	BOB WHITE
STREET ADDRESS	<del>3100 36TH ST N #15</del>	2.3 STREET ADDRESS	3100 36TH ST N #10
CITY-ST-ZIP	<del>ST PETERSBURG, FL 00000 33713</del>	2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	VDP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN SAMUELS	3.2 NAME	
STREET ADDRESS	3100 36TH ST N #17	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA KRAFT	4.2 NAME	
STREET ADDRESS	3100 36TH ST N #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33713	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Sandra Kraft* SIGNATURE REQUIRED: Sandra Kraft 4-16-99 825-3023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)