

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90056 022 ****61.25

DOCUMENT # 750009

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2151265** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**PETER D GRAHAM
 5200 CENTRAL AVE
 P.O. BOX 14409
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAMUELS, KAREN	
STREET ADDRESS	3100 36TH ST N, #17	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WHITE, BOB	
STREET ADDRESS	3100 36TH ST N #10	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	KAREN SAMUELS	
STREET ADDRESS	3100 36TH ST N #17	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANDRA KRAFT	
STREET ADDRESS	3100 36TH ST N #8 #30	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	SGRO, NICHOLAS	
STREET ADDRESS	3100 36TH ST., #14	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Kraft 2-13-01 727-825-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)