


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WHITE, BOB	NAME	
STREET ADDRESS	3100 36TH ST N #10	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KAREN SAMUELS	NAME	
STREET ADDRESS	3100 36TH ST N #17	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SANDRA KRAFT	NAME	
STREET ADDRESS	3100 36TH STREET N #30	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SGRO, NICHOLAS	NAME	
STREET ADDRESS	3100 36TH ST., #14	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ZUBILLAGA, BRAD	NAME	
STREET ADDRESS	3100 36TH ST N #11	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

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

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

UN0000445081
11/17/06-30029-012 61.25

2/24/06 737 403-7596

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*