


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90358 038 ****61.25

DOCUMENT # 750009

1. Entity Name
WESTMINSTER COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**3100 36TH STREET N
APT 30
ST PETERSBURG FL 33713**

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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

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

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



CHECK HERE IF MAKING CHANGES

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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 | |
| 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 STREET N #30 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33713 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SGRO, NICHOLAS | |
| STREET ADDRESS | 3100 36TH ST., #14 | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| 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 |
| 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 |
| 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* **SIGNATURE REQUIRED** *Sandra Kraft* 3-01-03 727-825-3023

CR2E037 (10/02)