

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000200 (3)
1. Corporation Name
WESTMINSTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 15750 NEW HAMPSHIRE COURT SUITE C FORT MYERS FL 33908
Mailing Address: 15750 NEW HAMPSHIRE COURT SUITE C FORT MYERS FL 33908-4100

3. Date Incorporated or Qualified: 01/11/1996
3a. Date of Last Report

2. Principal Place of Business: 21 12661 New Brittany Blvd, Suite, Apt. #, etc. 22 Ft. Myers, FL 33907
2a. Mailing Address: 26 12661 New Brittany Blvd, Suite, Apt. #, etc. 27 Ft. Myers, FL 33907
23 City & State: Ft. Myers, FL 33907
24 Zip: Country: 25 29 30

4. FEI Number: 65-0642752
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SCOGGINS, V. PAUL, 15750 NEW HAMPSHIRE COURT SUITE C, FORT MYERS FL 33908

10. Name and Address of New Registered Agent: 81 Name: PETER STEPHEN Marquis Management, Inc., 82 Street Address (P.O. Box Number is Not Acceptable): 12661 New Brittany Blvd, 83 Ft. Myers, FL 33907, 84 City: Ft. Myers, FL 33907, 85 Zip Code

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILTON, JEFFREY J	
STREET ADDRESS	15750 NEW HAMPSHIRE COURT, SUITE C	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCOGGINS, V. PAUL	
STREET ADDRESS	15750 NEW HAMPSHIRE COURT, SUITE C	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KAPFER, GREGORY M	
STREET ADDRESS	15750 NEW HAMPSHIRE COURT, SUITE C	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAUMANN, JOHN J	
STREET ADDRESS	15750 NEW HAMPSHIRE COURT, SUITE C	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12661 Metro Parkway Suite A
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12661 Metro Parkway Suite A
2.4 CITY-ST-ZIP	Ft. Myers, FL 33908
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	12661 Metro Parkway Suite A
3.4 CITY-ST-ZIP	Ft. Myers, FL 33908
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	12661 Metro Parkway Suite A
4.4 CITY-ST-ZIP	Ft. Myers, FL 33908
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] 3/11/97 (301) 229-7727 Date Daytime Phone # 0056414

CR2E037 (9/96)