


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

Principal Place of Business Mailing Address

12661 NEW BRITTANY BLVD FT MYERS FL 33907 US

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2. Principal Place of Business

Marquis Management, Inc.
 9400 Gladiolus Dr., Suite 100
 Fort Myers, Florida 33908

Zip Country 30 LEE

3. Date Incorporated or Qualified
 01/11/1996

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

STILPHEN, PETER
 MARQUIS MANAGEMENT INC
 12661 NEW BRITTANY BLVD
 FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name MICHAEL FLEMING
 82 Street
 83 Marquis Management, Inc.
 9400 Gladiolus Dr., Suite 100
 84 City Fort Myers, Florida 33908
 5 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, of 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 *Michael Fleming* Michael Fleming DATE 8/26/98

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILTON, JEFFREY J	
STREET ADDRESS	12661 METRO PARKWAY STE A	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCOGGINS, V. PAUL	
STREET ADDRESS	12661 METRO PARKWAY STE A	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KAPFER, GREGORY M	
STREET ADDRESS	12661 METRO PARKWAY STE A	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAUMANN, JOHN J	
STREET ADDRESS	12661 METRO PARKWAY STE A	
CITY-ST-ZIP	FORT MYERS FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Gregory M Kapfer* Gregory Kapfer 8/25/98 944.454.1000

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)