


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90161 041 \*\*\*\*61.25

**DOCUMENT # N96000000200**

1. Entity Name  
**WESTMINSTER COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**10481 SIX MILE CYPRESS PARKWAY**  
**FORT MYERS, FL 33912 US**

Mailing Address  
**12734 KENWOOD**  
**STE 49**  
**FORT MYERS, FL 33907 US**

2. Principal Place of Business - No P.O. Box #  
**12734 Kenwood Lane**


3. Mailing Address  
 Suite, Apt. #, etc.  
**Ste 49**

City & State  
**Ft Myers, FL**

City & State  
**Ft Myers, FL**

Zip  
**33907**

Country  
**USA**



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0642752**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J ESQ.**  
**1833 HENDRY STREET**  
**FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name  
**Mark Rudland**

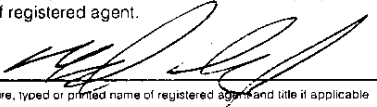
Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Lane, Ste 49**

City  
**Ft Myers**

State  
**FL**

Zip Code  
**33907**

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  DATE **3/20/07**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

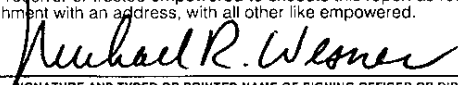
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, JOHN	
STREET ADDRESS	10481 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVERUX, MATT	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBITETTO, JOHN	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	ASM	<input type="checkbox"/> Delete
NAME	RUDLAND, MARK	
STREET ADDRESS	12734 KENWOOD LN, STE 49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE WESNER	
STREET ADDRESS	2129 Berkley Way	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Griffith	
STREET ADDRESS	2100 Berkley Way	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolores Walkenhorst	
STREET ADDRESS	2217 Oxford Ridge	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack McManus	
STREET ADDRESS	4717 Walworth Ct	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
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 exemptions contained in Chapter 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:  **MICHAEL R. WESNER** DATE: **3/20/07** DAYTIME PHONE #: **(238) 934-2999**

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