

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# N96000000200

Entity Name: WESTMINSTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD
STE 49
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0642752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
C/O JOSEPH E ADAMS, ESQ.
14241 METROPOLIS AVE, SUITE 100
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WESNER, MIKE
Address: 2129 BERKLEY WAY
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP () Delete
Name: GRIFFITH, JACK
Address: 2100 BERKLEY WAY
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: WLAKENHORST, DOLORES
Address: 2217 OXFORD RIDGE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ASM () Delete
Name: RUDLAND, MARK
Address: 12734 KENWOOD LN, STE 49
City-St-Zip: FORT MYERS, FL 33907

Title: T () Delete
Name: MCMANUS, JACK
Address: 4717 WALWORTH CT
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MAESTRELLI, JOHN
Address: 2040 OXFORD RIDGE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S (X) Change () Addition
Name: WALKENHORST, DOLORES
Address: 2217 OXFORD RIDGE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T (X) Change () Addition
Name: RICH, PAT
Address: 2283 CARNABY CT.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Change () Addition
Name: MCMANUS, JACK
Address: 4717 WALWORTH CT
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE WESNER

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date