

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90068 030 ****61.25

DOCUMENT # N96000000200

1. Entity Name

WESTMINSTER COMMUNITY ASSOCIATION, INC.



70027521



Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913

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11691 Gateway Blvd. #102
Fort Myers, FL 33913

Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0642752	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENSON, MARK R 12650 WHITEMALL DRIVE FORT MYERS FL 33907				Name <i>Kenneth Hayden</i> Gulf Coast Management Services 11691 Gateway Blvd. #102 Fort Myers, FL 33913 FL Zip Code	
8. The above named entity's statement for the purpose of changing its registered agent and the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>				DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEACH, DAVID <input checked="" type="checkbox"/> Delete 1220 S. OCEAN BLVD DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Alqn BURNS</i> <i>10481 Six Mile Cypress Parkway</i> <i>Ft. Myers, FL 33912</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete SEACH, WILLIAM R 1220 S. OCEAN BLVD DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Steve Benson</i> <i>4900 Winkler Ext.</i> <i>Ft. Myers, FL 33912</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete DANZEY, JOHN P.O. BOX 83-2052 DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>John DeBitetto</i> <i>10471 Six Mile Cypress Pkwy</i> <i>Ft. Myers, FL 33912</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

1/28/03

CR2E037 (10/02)