FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 255 S ORANGE AVENUE SUITE 800 ORLANDO FL 32801		Mailing Address	-				
		P O BOX 182150	% MID-FLORIDA PROP. MGMT P O BOX 182150 CASSELBERRY FL 32718				
2. Principal f	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 01/10/1997	
Suite, Apt	t. #, etc.	Suite, Apt. #, et	C.			4. FEI Number 59-3421650	
City & Sta	ate	City & State				5. Certificate of Status Desired	\$8 F
Zip	Country 25	Zip 29	30	Country		6. Election Campaign Financing Trust Fund Contribution	\$! A
	9. Name and Address of C					10. Name and Address of New Registered A	gent
				81	Name		
MACKINN		 		Street	dress (P.O. Box Number is Not Acceptable)		
SUITE 80	RANGE AVENUE			83			
ORLAND	O FL 32801			84	City	FL	85
office or agent. I	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such change.	was author	nized by	the corpo	corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoint	hang meni
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable.	(NOTE: Regi	istered Agen	t signature r	equired when reinstating) DATE	
12.	OFFICER	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELE	TE	1.1 TITLE			C
NAME	MACKINION ALEYANDED) r		12 NAME			

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Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

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office or n	to the provisions of Sections 617.0502 and 617.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	onzed by the corpo	corporation submits this statement ration's board of directors. I hereby	for the purpose of or accept the appoin	hanging its re tment as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	O OFFICERS AN	DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAME	MACKINNON, ALEXANDER C		1,2 NAME				
	255 S ORANGE AVENUE STE 800		1.3 STREET ADDRESS				
1	ORLANDO FL 32801		1.4 CITY-ST-ZIP			•	
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE		,	Change	Addition
NAME	FORREST, TRACY S	_	2.2 NAME				
STREET ADDRESS	221 CIRCLE DRIVE		2.3 STREET ADDRESS				
	MAITLAND FL 32751		2.4 CITY-ST-ZIP		•		
CITY-ST-ZIP TITLE	STD	[] DELETE	3.1 TITLE			Change	Addition
NAME I	KURITZKY, ERIC D		3.2 NAME				
	221 CIRCLE DRIVE		3.3 STREET ADDRESS				
	MAITLAND FL 32751		3.4. CITY-ST-ZIP				
CITY-ST-ZIP	MAILAND FL 32/31	□ DELETE	4.1 TITLE			Change	☐ Addition
TITLE		C OLLE, E	4.2 NAME			_ •	_
NAME							
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	☐ Addition
TITLE		□ DECE IE	5.3 TILE 5.2 NAME				
NAME			5.3 STREET ADDRESS				'
STREET ADDRESS			1				
CITY-ST-ZIP		- DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE		DELETE				□ ∆uguge	∐ ∧ouiioii
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			E. IL. 18 . 1 - 1	
14 I horoby c	partify that the information supplied with this filling doe	e not qualify for th	e exemption stated	in Section 119 07(3)(i). Florida Sta	itutes. I further cert	irv inat the int	ormation

indicated on this annual report or supplied with all silling does not quality 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 cath; 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 changes or on an attachment with an address, with all other like empowered.

REQUIEXANDER C. Mackinnon

2/12/99