

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000144

1. Entity Name  
WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90042 025 \*\*\*\*61.25

Principal Place of Business Mailing Address  
~~255 S ORANGE AVENUE~~ % MID-FLORIDA PROP. MGMT  
~~SUITE 800~~ ~~P.O. BOX 182150~~  
~~ORLANDO FL 32801~~ CASSELBERRY FL 32710-2150  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
5025 South U.S. Hwy. 17-92 c/o Mid-Florida Prop. Mgmt.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
5025 South U.S. Hwy. 17-92  
City & State City & State  
Casselberry, FL Casselberry, FL  
Zip Country Zip Country  
32707 32707

4. FEI Number 59-3421650 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~MACKINNON, ALEXANDER C~~  
~~255 S ORANGE AVENUE~~  
~~SUITE 800~~  
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent  
Name William C. Spare  
Street Address (P.O. Box Number is Not Acceptable) c/o Mid-Florida Prop. Mgmt.  
5025 South U.S. Hwy. 17-92  
City Casselberry FL Zip Code 32707

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.  
Signature: *W C Spare* William C. Spare Community Association Manager 4/9/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MACKINNON, ALEXANDER C	
STREET ADDRESS 255 S ORANGE AVENUE STE 800	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME FORREST, TRACY S	
STREET ADDRESS 221 CIRCLE DRIVE	
CITY-ST-ZIP MATLAND FL 32751	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME KURITZKY, ERIC D	
STREET ADDRESS 221 CIRCLE DRIVE	
CITY-ST-ZIP MATLAND FL 32751	
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 DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Wise, Michael T.	
STREET ADDRESS 8030 Westminster Abbey Blvd.	
CITY-ST-ZIP Orlando, FL 32835	
TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Warner, Michael B.	
STREET ADDRESS 7636 Kings Passage Ave.	
CITY-ST-ZIP Orlando, FL 32835	
TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Taylor, Todd	
STREET ADDRESS 8042 Westminster Abbey Blvd.	
CITY-ST-ZIP Orlando, FL 32835	
TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Stephens, Jr., Nathaniel	
STREET ADDRESS 7815 Westminster Abbey Blvd.	
CITY-ST-ZIP Orlando, FL 32835	
TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lindsey, Ronald E.	
STREET ADDRESS 7833 Westminster Abbey Blvd.	
CITY-ST-ZIP Orlando, FL 32835	
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 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: *William C. Spare* 4-27-00 407 293 0257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)