

4/26.

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90004 002 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000144

1. Entity Name

WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

255 S ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

Mailing Address

P.O. BOX 2817
WINDERMERE FL 34786-2817
US

2. Principal Place of Business

P.O. Box 2817

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

4. FEI Number

59-3421650

Applied For

Not Applicable

Zip

34786-2817

Country

US

Zip

Country

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 NATHANIEL STEPHENS JR
Street Address (P.O. Box Number is Not Acceptable)
7815 WESTMINSTER ABBEY BLVD
City ORLANDO FL Zip Code 32835-5955

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 Nathaniel Stephens Jr, Treasurer DATE 4-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PD MACKINNON, ALEXANDER C 255 S ORANGE AVENUE STE 800 ORLANDO FL 32801 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FORREST, TRACY S 221 CIRCLE DRIVE MAITLAND FL 32751 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KURITZKY, ERIC D 221 CIRCLE DRIVE MAITLAND FL 32751 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WISE, MICHAEL T. 8030 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835-5955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WARNER, MICHAEL B 7636 KINGS PASSAGE AVE. ORLANDO, FL 32835-5955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAYLOR, TODD 8042 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835-5955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STEPHENS, JR., NATHANIEL 7815 WESTMINSTER ABBEY BLVD ORLANDO, FL 32835-5955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINDSEY, RONALD E. 7833 WESTMINSTER ABBEY BLVD. ORLANDO, FL 32835-5955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: Nathaniel Stephens Jr NATHANIEL STEPHENS JR DATE 4-16-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)