


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90275 049 ****61.25

DOCUMENT # N97000000144					
1. Entity Name WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2117 2817 WINDERMERE, FL 34786-2817			Mailing Address P.O. BOX 2817 WINDERMERE, FL 34786-2817 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEPHENS, NATHANIEL JR. 7815 WESTMINSTER ABBEY BLVD ORLANDO, FL 32835-5955				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TODD		NAME		
STREET ADDRESS	8042 WESTMINSTER ABBEY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328355955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, MICHAEL T		NAME		
STREET ADDRESS	8030 WESTMINSTER ABBEY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328355955		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABRADOR, ROY		NAME	LACALAMITA, ANTHONY	
STREET ADDRESS	7602 KING PASSAGE AVENUE		STREET ADDRESS	8049 WESTMINSTER ABBEY BLVD.	
CITY-ST-ZIP	ORLANDO, FL 328355955		CITY-ST-ZIP	ORLANDO FL 328355955	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, NATHANIEL JR.		NAME		
STREET ADDRESS	7815 WESTMINSTER ABBEY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328355955		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, JOHN		NAME		
STREET ADDRESS	8128 WESTMINSTER ABBEY BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328355955		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Nathaniel Stephens Jr.</i>		NATHANIEL STEPHENS JR		4-12-05 407 293 0257	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	