


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90220 046 \*\*\*\*61.25

<b>DOCUMENT # N97000000144</b>							
1. Entity Name WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business P.O BOX 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	4. FEI Number 59-3421650			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. 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			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		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 TAYLOR, TODD 8042 WESTMINSTER ABBEY BLVD. ORLANDO, FL 328355955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DAVID</del> DECURTIS, DAVID 2314 LONGMOORE COURT ORLANDO, FL 328355955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WISE, MICHAEL T 8030 WESTMINSTER ABBEY BLVD. ORLANDO, FL 328355955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMANN, KURT 2309 LONGMOORE COURT ORLANDO, FL 328355955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACALAMITA, ANTHONY 8049 WESTMINSTER ABBEY BLVD ORLANDO, FL 328355955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACALAMITA, ANTHONY 8049 WESTMINSTER ABBEY BLVD. ORLANDO, FL 328355955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENS, NATHANIEL JR. 7815 WESTMINSTER ABBEY BLVD. ORLANDO, FL 328355955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, NATHANIEL JR 7815 WESTMINSTER ABBEY BLVD ORLANDO, FL 328355955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERCE, JOHN 8128 WESTMINSTER ABBEY BLVD ORLANDO, FL 328355955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, JOHN 8128 WESTMINSTER ABBEY BLVD ORLANDO, FL 328355955	<input checked="" 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 exemptions contained in Chapter 119, 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			NATHANIEL STEPHENS, JR		4-23-06 407-293-0257 Date Daytime Phone #		