

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90150 034 ****61.25

DOCUMENT # N97000000144
1. Entity Name
WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 2117
WINDERMERE FL 34786-2817

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3421650		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		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 _____ DATE _____
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 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 32835-5955		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 32835-5955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, ROY		NAME		
STREET ADDRESS	7602 KING PASSAGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835-5955		CITY-ST-ZIP		
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 32835-5955		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 32835-5955		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: NATHANIEL JR. STEPHENS 4-2-03 407-293-0257

CR2E037 (10/02)