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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90087 020 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000001300**

1. Corporation Name

**WESTMINSTER RETIREMENT COMMUNITIES, INC.**

Principal Place of Business

80 W LUCERNE CIR  
 ORLANDO FL 32801  
 US

Mailing Address

80 W LUCERNE CIR  
 ORLANDO FL 32801  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KEITH, HENRY T  
 80 W LUCERNE CIR  
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, HENRY T	1.2 NAME	
STREET ADDRESS	80 W LUCERNE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, J SHEPARD	2.2 NAME	
STREET ADDRESS	1051 BEACH AVE	2.3 STREET ADDRESS	80 West Lucerne Circle
CITY-ST-ZIP	ATLANTIC BEACH FL 32209	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, WILLIAM W	3.2 NAME	
STREET ADDRESS	524 STOCKTON STREET	3.3 STREET ADDRESS	80 West Lucerne Circle
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	DVC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOKS, WILLIAM E	4.2 NAME	
STREET ADDRESS	7707 20TH AVE NW	4.3 STREET ADDRESS	80 West Lucerne Circle
CITY-ST-ZIP	BRADENTON FL 34209	4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, JAMES F	5.2 NAME	
STREET ADDRESS	80 W LUCERNE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMAAGE, DONNA M	6.2 NAME	
STREET ADDRESS	80 W LUCERNE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna M. Smaage*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999  
 Date

407-839-5050  
 Daytime Phone #

CR2E037 (1/98)