

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001300

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: WESTMINSTER RETIREMENT COMMUNITIES, INC.

**Current Principal Place of Business:**

80 W LUCERNE CIR  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

80 W LUCERNE CIR  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 31-1682149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KEITH, HENRY T  
80 W LUCERNE CIR  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KEITH, HENRY T  
Address: 80 W LUCERNE CIR  
City-St-Zip: ORLANDO, FL 32801

Title: C/D ( ) Delete  
Name: HULL, C. WILLIAM  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete  
Name: WHITE, JAMES E  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: P/D ( ) Delete  
Name: STURM, RICHARD V  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: EVP ( ) Delete  
Name: EMERSON, JAMES F  
Address: 80 W LUCERNE CIR  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BOGNER, JAMES B  
Address: 80 WEST LUCERNE CIR  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/D (X) Change ( ) Addition  
Name: WHITE, JAMES E  
Address: 80 WEST LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP (X) Change ( ) Addition  
Name: EMERSON, JAMES F  
Address: 80 W LUCERNE CIR  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. EMERSON

EVP

01/26/2009

Electronic Signature of Signing Officer or Director

Date