

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738450

Entity Name: WESTMINSTER SHORES, INC.**Current Principal Place of Business:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801**Current Mailing Address:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US**FEI Number:** 59-0714826**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KEITH, HENRY T
80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	BOGNER, JAMES B
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	SENIOR VP/TREASURER
Name	KEITH, HENRY T
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	CHAIRMAN/PRESIDENT
Name	MILTON, V, JOHN
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	DODDRIDGE, JEANNIE G
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	EXECUTIVE VP/ASST. SECRETARY
Name	STEVENS, ROGER A
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	DYE, STEPHEN R
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	BELL, WILLIAM O
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	HILLENMEYER, JOHN W
Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801

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I hereby 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 all other like empowered.

SIGNATURE: ROGER A. STEVENS**EXECUTIVE VP****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAY, BRUCE W
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name POLING, DEL R
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STURM, RICHARD V
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HALL, STEWART JR.
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name NOLIN, JOANN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PHILLIPS, MARJORIE J
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHAFER, THOMAS L
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name AMLEY, EDWARD A
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MORGAN, HOWARD K
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801