

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000200

**Entity Name:** WESTMINSTER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2001 OXFORD RIDGE CIRCLE  
LEHIGH ACRES, FL 33973

**Current Mailing Address:**

2001 OXFORD RIDGE CIRCLE  
LEHIGH ACRES, FL 33973 US

**FEI Number:** 65-0642752

**Certificate of Status Desired:** No

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

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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            PRESIDENT  
Name            JOSEPH, ALEXANDER  
Address        2269 GRANBY DRIVE  
City-State-Zip: LEHIGH ACRES FL 33973

Title            TREASURER  
Name            COSSART, WILLIAM  
Address        2209 COLEFAX COURT  
City-State-Zip: LEHIGH ACRES FL 33973

Title            VP  
Name            ROSSER, BETSY  
Address        2288 GRANBY DRIVE  
City-State-Zip: LEHIGH ACRES FL 33973

Title            SECRETARY  
Name            BARANEK, TIMOTHY  
Address        2296 CARNABY COURT  
City-State-Zip: LEHIGH ACRES FL 33973

Title            DIRECTOR  
Name            BURTON, TIM  
Address        1614 COUNTRY CLUB LANE  
City-State-Zip: WATERTOWN WI 53098

Title            DIRECTOR  
Name            KENNEDY, JANEY  
Address        2248 WEST END COURT  
City-State-Zip: LEHIGH ACRES FL 33973

Title            DIRECTOR  
Name            BENNETT, CHUCK  
Address        2242 BAINMAR DRIVE  
City-State-Zip: LEHIGH ACRES FL 33973

*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:** WILLIAM COSSART

**TREASURER**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date