

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000144

**FILED**  
**Mar 11, 2016**  
**Secretary of State**  
**CC6228074516**

**Entity Name:** WESTMINSTER LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13350 WEST COLONIAL DR  
SUITE 330  
WINTER GARDEN, FL 34778

**Current Mailing Address:**

P O BOX 783367  
WINTER GARDEN, FL 34778

**FEI Number: 59-3421650**

**Certificate of Status Desired: No**

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

SOUTHWEST PROPERTY MANAGEMENT  
13350 WEST COLONIAL DR  
SUITE 330  
WINTER GARDEN, FL 34778 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            ROUSSEAU, PIERRE  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            STD  
Name            SHAFFER, NANCY  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            VP  
Name            KHAN, WASEEM  
Address        P O BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            DIRECTOR  
Name            GALE, DEBORAH  
Address        P O BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title            DIRECTOR  
Name            WILLIS, STEVE  
Address        PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

*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: PIERRE ROUSSEAU**

**PRESIDENT**

**03/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date