DOCUMENT# N97000001300

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WESTMINSTER RETIREMENT COMMUNITIES, 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: 31-1682149

Name and Address of Current Registered Agent:

KEITH, HENRY T 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	SENIOR VP/TREASURER	Title	SECRETARY
Name	KEITH, HENRY T	Name	DYE, STEPHEN R
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	EXECUTIVE VP/ASST. SECRETARY
Name	STURM, RICHARD V	Name	STEVENS, ROGER A
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	CHAIRMAN/PRESIDENT	Title	DIRECTOR
Name	BOGNER, JAMES B	Name	BELL, WILLIAM O
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	DODDRIDGE, JEANNIE G	Name	HILLENMEYER, JOHN W
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:		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

03/16/2015 Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MAY, BRUCE W	Name	MILTON, V, JOHN
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	POLING, DEL R	Name	SHAFER, THOMAS L
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title Name	DIRECTOR PHILLIPS, MARJORIE J	Title Name	DIRECTOR HALL, JR, STEWART
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title Name Address City-State-Zip:	DIRECTOR NOLIN, JOANN 80 WEST LUCERNE CIRCLE ORLANDO FL 32801	Title Name Address City-State-Zip:	DIRECTOR MORGAN, HOWARD K 80 WEST LUCERNE CIRCLE ORLANDO FL 32801
Title Name Address	DIRECTOR AMLEY, EDWARD A 80 WEST LUCERNE CIRCLE		

City-State-Zip: ORLANDO FL 32801