2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #771324

1. Entity Name
WESTMINSTER WOODS RESIDENTS' ASSOCIATION,



May 16, 2006 8:00 am Secretary of State 05-16-2006 90020 042 ****61.25

FILED

| INC. | | | | | 1.00 | HEE! | | | | | |
|---|---|--|---------------------|--|---|---|--|---|--|--|--|
| Principal Place of Business C/O WESTMINSTER WOODS C/O WESTMINSTER WOODS 25 STATE ROAD 13 ST. JOHNS COUNTY, FL 32259 ST. JOHNS COUNTY, FL 32259 Mailing Address C/O WESTMINSTER WOODS ST. JOHNS COUNTY, FL 32 | | | | | _ | | 4 MARIN ARRIS HETEL FR | | 181 | 118HU U 114 | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 05112006 Chg | J-NP | CR2E037 (4/0 | 6) | |
| City & State | | | City & State | | | | 4. FEI Number 59-2342767 |) | - | Applied For Not Applicable | |
| Zip | Zip Country | | Zip Co | | Country | | 5. Certificate of Status Desired Security Securi | | | | |
| | 6. Name | and Address of Current I | Registered Age | nt | | | 7. Name and Addre | ss of New Re | gistered Agent | | |
| LAICHE, WELDON C/O WESTMINSTER WOODS 25 STATE ROAD 13 ST. JOHNS COUNTY, FL 32259 | | | | | Street | Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) LOO #30 A DIShop Estates Rd | | | | | |
| | | | | | City | 6 | .41 | | FL Zip C | ode ~ Q | |
| O The shows | named antit | a submite this statement for | the europe of | changing its ro | Jac | | red agent or both in th | o State of Flor | | ith and accept | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | | | | |
| | Filina Fe | e is \$61.25 | ه ا | Election Campa | eian Financina | | 0-00 | Ma | ke check payabi | e to | |
| Di | | etember 6, 2006 | " | Trust Fund Con | | | \$5.00 May Be Added to Fees | | ia Department o | | |
| 10. | | | | | | | | Florid | ia Department o | f State | |
| | | otember 6, 2006 | RECTORS | | tribution. | Pla | Added to Fees ADDITIONS/CHANGES | Florio S TO OFFICER | S AND DIRECTOR: | S IN 10 | |
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indicated on uns report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachigent with an address, with all other like empowered.