

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90266 014 \*\*\*\*61.25

<b>DOCUMENT # N00000005357</b> 1. Entity Name <b>WESTMINSTER HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>5354 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33707</b>		Mailing Address <b>5354 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33707</b>	
2. Principal Place of Business <b>5420 4th Ave S</b>		3. Mailing Address <b>5420 4th Ave S.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg FL</b>	
Zip <b>FL 33707</b>		Zip <b>33707</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3715757</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GALLOWAY, FRANKLIN R- 5354 THIRD AVENUE SOUTH ST. PETERSBURG, FL 33707</b>		7. Name and Address of New Registered Agent  Name <b>Michael D. Andersen</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 50th St. S.</b>  City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33707</b>	
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 <small>Signature, type or printed name of registered agent and title if applicable.</small>		DATE <b>3/4/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>MICHA, SPALLER</b> STREET ADDRESS <b>5021 EMERSON AVE. SO.</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b> NAME <b>Wengay Newton</b> STREET ADDRESS <b>5420 4th Ave. S</b> CITY-ST-ZIP <b>St. Petersburg FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>SCHREIBER, ROB</b> STREET ADDRESS <b>5026 5TH AVE. S.</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President</b> NAME <b>Jean Hortumier</b> STREET ADDRESS <b>401 53rd St. S.</b> CITY-ST-ZIP <b>St. Petersburg FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>SCHREIBER, NICOLLE</b> STREET ADDRESS <b>5026 5TH AVE. S.</b> CITY-ST-ZIP <b>SAINT-PETERSBURG, FL-33707</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Secretary</b> NAME <b>Kyla Brown</b> STREET ADDRESS <b>5000 3rd AVE S.</b> CITY-ST-ZIP <b>St. Petersburg FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b> NAME <b>GALLOWAY, FRANKLIN R</b> STREET ADDRESS <b>5354 THIRD AVENUE SOUTH</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Treasurer</b> NAME <b>Michael Andersen</b> STREET ADDRESS <b>201 50th St S.</b> CITY-ST-ZIP <b>St. Petersburg FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>3/4/05</b> DAYTIME PHONE # <b>727-572-8700</b>	