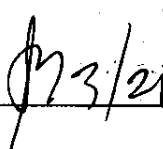
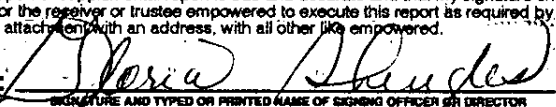


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005357 1. Entity Name WESTMINSTER HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.						FILED 08 MAR 20 AM 6:59 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5420 4TH AVE S. ST. PETERSBURG, FL 33707				Mailing Address 5420 4TH AVE S. ST. PETERSBURG, FL 33707			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-3715757				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWTON, WENGAY 5420 4 AVE S ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, WENGAY 5420 4TH AVE S. ST. PETERSBURG, FL 33707 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shingles, Gloria - President ☒ Change ☐ Addition 5256-2nd Ave S. St. Petersburg, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPALLER, MICHAELA 5021 EMERSON AVE S ST. PETERSBURG, FL 33707 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angela Young V-Pres ☒ Change ☐ Addition 5245 4th Ave S. St. Petersburg, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWTON, MELISSA 5420 4 AVE S SAINT PETERSBURG, FL 33707 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100120854021 03/20/08--01047--002 ***122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHREIBER, NICOLLE 5 AVE S SAINT PETERSBURG, FL 33707 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. AL. Montsho Tre. ☒ Change ☐ Addition 5210 3RD AVE. South ST. PETERSBURG, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	