

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004962

FILED
Jan 27, 2009
Secretary of State

Entity Name: WESTMINSTER PINES, INC.

Current Principal Place of Business:

80 WEST LUCERNE CIR.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

80 WEST LUCERNE CIR.
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3725902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEITH, HENRY T
80 WEST LUCERNE CIR.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EUGENIA, SHANNON R
Address: 80 WEST LUCERNE CIR.
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: DYE, STEPHEN R
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: HULL, C. WILLIAM
Address: 80 WEST LUCERNE CIR.
City-St-Zip: ORLANDO, FL 32801

Title: EVP () Delete
Name: EMERSON, JAMES F
Address: 80 WEST LUCERNE CIR.
City-St-Zip: ORLANDO, FL 32801

Title: TS () Delete
Name: KEITH, HENRY T
Address: 80 WEST LUCERNE CIR.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BUSTLE, D. GREG
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOGNER, JAMES B
Address: 80 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES F. EMERSON

EVP

01/27/2009

Electronic Signature of Signing Officer or Director

Date