

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

DOCUMENT# N29956

Entity Name: WESTMINSTER WOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1432 COVERED BRIDGE DR.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

1432 COVERED BRIDGE DR.  
DELAND, FL 32724

**New Mailing Address:**

FEI Number: 59-2991119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORSE, PAUL  
1432 COVERED BRIDGE DR.  
DELAND, FL 327247932 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: PD ( ) Delete  
Name: MORSE, PAUL  
Address: 1430 WYNGATE DR  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: VAN KIRK, ADRIENNE  
Address: 1570 WYNGATE DR.  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: MENKART, GEORGE  
Address: 1525 COVERED BRIDGE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: VPD ( ) Delete  
Name: HAMP, ARENDALE  
Address: 1522 WYNGATE DRIVE  
City-St-Zip: DELAND, FL 32724

**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:

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: GEORGE MENKART

TD

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date