

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29956

FILED
Feb 24, 2009
Secretary of State

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:

MORSE, PAUL
1432 COVERED BRIDGE DR.
DELAND, FL 32724 US

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:

02/24/2009

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 (X) 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: TD (X) Change () Addition
Name: GIBERTI, CHARLES
Address: 1400 WYNGATE DR
City-St-Zip: DELAND, FL 32724

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: CHARLES GIBERTI

TD

02/24/2009

Electronic Signature of Signing Officer or Director

Date