## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35573

FILED Jan 21, 2009 Secretary of State

Entity Name: WESTMINSTER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2189 CLEVELAND ST SUITE 225

CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

2189 CLEVELAND ST SUITE 225

CLEARWATER, FL 33765 US

FEI Number: 59-2998870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEIGHTON, LENNARD LEIGHTON, LENNARD A
2189 CLEVELAND ST
SUITE 225
SUITE 225
LEIGHTON, LENNARD A
2189 CLEVELAND ST
SUITE 225

CLEARWATER, FL 33765 US CLEARWATER, FL 33765 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: LENNARD A. LEIGHTON 01/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name:CABBRIA, PATRICKName:CALABRIA, PATAddress:4849 BOSTMAN LOOPAddress:4849 BOSTONIAN LOOPCity-St-Zip:NEW PORT RICHEY, FL 34655City-St-Zip:NEW PORT RICHEY, FL 34655

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 ORSI, ANN
 Name:
 ORSI, ANTONINA

 Address:
 4903 EAFIELD CR
 Address:
 4903 ENFIELD COURT

 City-St-Zip:
 NEW PT RICHEY, FL 34655
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 CROTEAU, GEORGE
 Name:
 CROTEAU, GEORGE

 Address:
 4915 ENFIELD CT
 Address:
 4852 ENFIELD COURT

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

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: ANTONINA ORSI PD 01/21/2009