

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 17, 2007**  
**Secretary of State**

DOCUMENT# N43298

**Entity Name:** TWO WESTMINSTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**701 ENTERPRISE ROAD EAST  
SUITE 704  
SAFETY HARBOR, FL 34695**New Principal Place of Business:**18215 BRANCH RD  
HUDSON, FL 34667**Current Mailing Address:**701 ENTERPRISE ROAD EAST  
SUITE 704  
SAFETY HARBOR, FL 34695**New Mailing Address:**18215 BRANCH RD  
HUDSON, FL 34667 US**FEI Number:** 59-3086857**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SEBRING, MARJORIE M  
4902 CATHEDRAL CT  
NEW PORT RICHEY, FL 34655 US**Name and Address of New Registered Agent:**PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH RD  
HUDSON, FL 34667 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: PAMELA S WASHBURN

11/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MASTRIPPOLITO, BEN  
Address: 4917 BOSTONIAN LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD ( ) Delete  
Name: SEBRING, MARJORIE M  
Address: 4902 CATHEDRAL CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete  
Name: KOENITZER, JEAN  
Address: 4934 CATHEDRAL COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: KESSLER, CLAIRE  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, LEE R  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: STD (X) Change ( ) Addition  
Name: MASTRIPPOLI, BERINO  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

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: PAMELA S. WASHBURN

AGT

11/17/2007

Electronic Signature of Signing Officer or Director

Date