
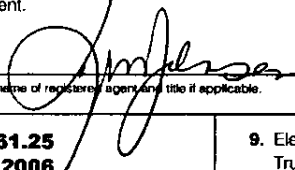

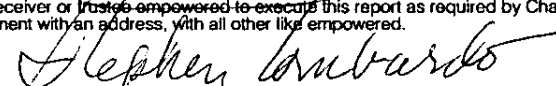


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90026 012 ****61.25

DOCUMENT # N50871 1. Entity Name THREE WESTMINSTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668 US		Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668 US	
2. Principal Place of Business 5609 US 19 Suite E		3. Mailing Address 5609 US 19 Suite E	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State New Port Richey FL		City & State New Port Richey FL	
Zip 34652	Country USA	Zip 34652	Country USA
4. FEI Number 59-3147896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Community Management Services Inc Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite E City New Port Richey FL Zip Code 34652	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE   3/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEALE, EDWARD 4865 BOSTONIAN LOOP NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOCCHIARO, JANET 4952 BOSTONIAN LOOP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TD WOLLEVER, HAROLD 4972 BOSTONIAN LOOP NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILLMORE, CAROL 4952 BOSTONIAN LOOP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, ELEANOR 4949 BOSTONIAN LOOP NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/10/06 727-816-9900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	