

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50871

FILED
Apr 21, 2009
Secretary of State

Entity Name: THREE WESTMINSTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3147896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: PORTER, LYLE
Address: 4985 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: LOMBARDO, THERESA
Address: 4961 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: WODEVER, JO
Address: 4972 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: HUNT, ELEANOR
Address: 4949 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: FERRIGAN, SUE ANNE
Address: 4977 BASTONIAN LP
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTER, LYLE
Address: 4985 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD (X) Change () Addition
Name: LOMBARDO, THERESA
Address: 4961 BOSTONIAN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

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: LYLE PORTER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date