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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002313 (4)**

1. Corporation Name

WESTMINISTER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11323 DISTRIBUTION AVE E JACKSONVILLE FL 32256	11323 DISTRIBUTION AVE E JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:
4. FEI Number: 59-3250385 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6320 St. Augustine Rd	26 6320 St. Augustine Rd
Suite, Apt. #, etc. 22 Bldg #1	Suite, Apt. #, etc. 27 Bldg #1
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32217 County 25 DUVAL	Zip 29 32217 County 30 DUVAL

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHATHAM, PEGGY D
11323 DISTRIBUTION AVE E
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Chatham, Peggy D.
82 Street Address (P.O. Box Number is Not Acceptable): 6320 St. Augustine Rd Bldg #1
83
84 City: Jacksonville FL 85 Zip Code: 32217

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peggy D. Chatham DATE: 4/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	DP ☑ Change ☐ Addition
NAME	PEYTON, STEPHEN D	12 NAME	EDMONDS, JAMES III
STREET ADDRESS	11323 DISTRIBUTION AVE E	13 STREET ADDRESS	6320 St. Augustine Rd Bldg #1
CITY ST ZIP	JACKSONVILLE FL 32256	14 CITY ST ZIP	Jacksonville, FL 32217
TITLE	DP	21 TITLE	DV \ DST ☑ Change ☐ Addition
NAME	EDMONDS, JAMES III	22 NAME	Edmonds, Stephen L
STREET ADDRESS	11323 DISTRIBUTION AVE E	23 STREET ADDRESS	6320 St. Augustine Rd Bldg #1
CITY ST ZIP	JACKSONVILLE FL 32256	24 CITY ST ZIP	Jacksonville, FL 32217
TITLE	DST	31 TITLE	DT ☑ Change ☐ Addition
NAME	EDMONDS, STEPHEN	32 NAME	Delete — EDMONDS, DANA
STREET ADDRESS	11323 DISTRIBUTION AVE E	33 STREET ADDRESS	6320 St. Augustine Rd Bldg #1
CITY ST ZIP	JACKSONVILLE FL 32256	34 CITY ST ZIP	Jacksonville, FL 32217
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen L Edmonds 4/12/95 904739607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026686