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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N94000002313 (4)

## WESTMINISTER PLACE HOMEOWNERS ASSOCIATION, INC.

Mailing Address Principal Place of Business 6320 ST AUGUSTINE RD 6320 ST AUGUSTINE RD RIDG 1 BLDG 1 3a. Date of Last Report JACKSONVILLE FL 32217 3. Date Incorporated or Qualified JACKSONVILLE FL 32217 05/01/1995 US 05/05/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3250385 Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 23 Country Zio Country Ζıρ 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) **B2** CHATHAM, PEGGY D 6320 ST AUGUSTINE RD 83 BLGD 1 Zip Code JACKSONVILLE FL 32217 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. (12/95)(NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printeo name of registered agent and tire. Lapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition Change 12. DELETE 1.1 TITLE CR2E037 TITLE 12 NAME EDMONDS, JAMES III NAME 1.3 STREET ADDRESS 6320 ST AUGUSTINE RD BLDG 1 STREET ADDRESS 1.4 CITY - ST - ZIP JACKSONVILLE FL Change Addition CITY-ST-ZIP DELETE 21 TITLE DVST TITLE 2.2 NAME FOMONDS, STEPHEN L NAME 2 3 STREET ADDRESS 6320 ST AUGUSTINE RD BLDG 1 STREET ADDRESS 2. 4 CITY - ST - ZIP JACKSONVILLE FL ■ Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3 2 NAME EDMONDS, DANA NAME 3 3 STREET ADDRESS 6320 ST AUGUSTINE RD STREET ADDRESS 3.4 CITY-ST-ZIP JACKSONVILLE FL ☐ Addition □ Change CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Addition Change CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP ☐ Addition Change CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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)(k), 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 eath; 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: