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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
6320 ST AUGUSTINE RD BLDG 1 JACKSONVILLE FL 32217 US	6320 ST AUGUSTINE RD BLDG 1 JACKSONVILLE FL 32217-2813 US

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21: 11250 OLD ST. Augustine Rd
Suite, Apt. #, etc. 22: Suite 15-132
City & State 23: Jacksonville, FL
Zip 24: 32257 Country 25: USA

2a. Mailing Address
26: 11250 OLD ST. Augustine Rd
Suite, Apt. #, etc. 27: Suite 15-132
City & State 28: Jacksonville FL
Zip 29: 32257 Country 30: USA

4. FEI Number: 59-3250385 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This 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
6320 ST AUGUSTINE RD
BLGD 1
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: Alec R. Saunders
82 Street Address (P.O. Box Number is Not Acceptable): 4577 Princess Labeth Court
83: ~~Jack~~
84 City: Jacksonville FL 85 Zip Code: 32258

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.

SIGNATURE _____ DATE
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	DP	☒ DELETE	1.1 TITLE	~~President~~ DPT	☒ Change ☒ Addition
NAME	EDMONDS, JAMES III		1.2 NAME	Alec R. Saunders	
STREET ADDRESS	6320 ST AUGUSTINE RD BLDG 1		1.3 STREET ADDRESS	4577 Princess Labeth Ct	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	DVST	☒ DELETE	2.1 TITLE	~~VICE PRESIDENT~~ DV	☒ Change ☒ Addition
NAME	EDMONDS, STEPHEN L		2.2 NAME	MARTIN G. THOMPSON	
STREET ADDRESS	6320 ST AUGUSTINE RD BLDG 1		2.3 STREET ADDRESS	4527 PRINCESS LABETH CT.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32258-4199	
TITLE	DT	☒ DELETE	3.1 TITLE	~~SECRETARY~~	☒ Change ☒ Addition
NAME	EDMONDS, DANA		3.2 NAME	~~JONATHAN~~ K. TRINKLE	
STREET ADDRESS	6320 ST AUGUSTINE RD		3.3 STREET ADDRESS	~~4556 PRINCESS LABETH CT.~~	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	~~JACKSONVILLE, FL 32258~~	
TITLE		☐ DELETE	4.1 TITLE	~~TREASURER~~ DTT	☒ Change ☒ Addition
NAME			4.2 NAME	STACEY BOWIE	
STREET ADDRESS			4.3 STREET ADDRESS	4526 PRINCESS LABETH CT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.