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Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
11250 OLD ST. AUGUSTINE RD. STE. 15-132 JACKSONVILLE FL 32257 US	11250 OLD ST. AUGUSTINE RD. STE. 15-132 JACKSONVILLE FL 32257 US

3. Date Incorporated or Qualified: 05/05/1994

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip . 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SAUNDERS, ALEC R
4577 PRINCESS LABETH COURT
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name: Stacey Bowie
82 Street Address (P.O. Box Number is Not Acceptable): 4526 Princess Labeth Court
83
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: Stacey Bowie Stacey Bowie D.T. 1-22-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☑ DELETE	1.1 TITLE	DPT	☑ Change ☐ Addition
NAME	SANDERS, ALEC R		1.2 NAME	Donna Valera	
STREET ADDRESS	4577 PRINCESS LABETH CT.		1.3 STREET ADDRESS	4539 Princess Labeth CT	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32258	
TITLE	DV	☑ DELETE	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	THOMPSON, MARTIN E		2.2 NAME	Andy Anderson	
STREET ADDRESS	4527 PRINCESS LABETH CT.		2.3 STREET ADDRESS	4533 Princess Labeth Court	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWIE, STACEY		3.2 NAME		
STREET ADDRESS	4526 PRINCESS LABETH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (10/97)

14. I 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.

SIGNATURE: Stacey Bowie STACEY BOWIE DT 1-22-98