2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002313

1. Entity Name
WESTMINISTER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11250 OLD ST. AUGUSTINE RD. STE. 15 P.O. BOX 132 JACKSONVILLE, FL 32257 US	11250 OLD ST. AUGUSTINE RD. STE. 15 P.O. BOX 132 JACKSONVILLE, FL 32257 US

DO NOT WRITE IN THIS SPACE

03212004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

STACEY BOWIE
4526 PRINCESS LABETH CT
JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000094580
03/23/04-80002-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	TURNER, DOUGLAS
STREET ADDRESS	4563 PRINCESS LABETH COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	DT
NAME	BOWIE, STACEY
STREET ADDRESS	4526 PRINCESS LABETH CT.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	DURAN, ALBERTO
STREET ADDRESS	4520 PRINCESS LABETH CT.
CITY-ST ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY BOWIE 3-21-04 904-620-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #