2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90397 008 ****61.25

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

04152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

7. Name and Address of New Registered Agent

Name: ALBERT L. DURAN
Street Address (P.O. Box Number is Not Acceptable): 4520 PRINCESS LABETH CT
City: JACKSONVILLE FL Zip Code: 32258

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: Albert L. Duran ALBERT L. DURAN 4-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TURNER, DOUGLAS 4563 PRINCESS LABETH COURT JACKSONVILLE, FL 32258	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RON MCDONALD 4527 PRINCESS LABETH CT JACKSONVILLE FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOWIE, STACEY 4526 PRINCESS LABETH CT. JACKSONVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUDY WILLIAMS 4545 PRINCESS LABETH CT JACKSONVILLE FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DURAN, ALBERTO 4520 PRINCESS LABETH CT. JACKSONVILLE, FL 32258	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBERT L. DURAN 4520 PRINCESS LABETH CT JACKSONVILLE FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Albert L. Duran ALBERT L. DURAN 4-18-05 (904)288-0863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #