2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002313

FILED May 09, 2009 Secretary of State

Entity Name: WESTMINISTER PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4520 PRINCESS LABETH CT.

JACKSONVILLE, FL 32258 US

4545 PRINCESS LABETH CT.

JACKSONVILLE, FL 32258 US

Current Mailing Address: New Mailing Address:

4520 PRINCESS LABETH CT.

JACKSONVILLE, FL 32258 US

4545 PRINCESS LABETH CT.

JACKSONVILLE, FL 32258 US

FEI Number: 59-3250385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DURAN, ALBERT L WILLIAMS, RUDY TD 4520 PRINCESS LABETH CT 4545 PRINCESS LABETH CT JACKSONVILLE, FL 32258 US JACKSONVILLE, FL 32258 US

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.

SIGNATURE: RUDY WILLIAMS 05/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 SAUNDERS, ALEC
 Name:
 MAIER, WILLIAM E PD

 Address:
 4527 PRINCESS LABETH CT
 Address:
 4550 PRINCESS LABETH CT

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 JACKSONVILLE, FL 32258 DU

Title: VD () Delete Title: TD (X) Change () Addition

 Name:
 WILLIAMS, RUDY
 Name:
 WILLIAMS, RUDY TD

 Address:
 4545 PRINCESS LABETH CT
 Address:
 4545 PRINCESS LABETH CT

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 JACKSONVILLE, FL 32258 DU

 Name:
 DURAN, ALBERT L
 Name:

 Address:
 4520 PRINCESS LABETH CT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY WILLIAMS TD 05/09/2009