

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000051944**

**1. Entity Name**

**THE WESTMINSTER REALTY COMPANY**



**Principal Place of Business**

**980 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432**

**Mailing Address**

**980 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432**



02282008 No Chg-P CR2E034 (11/05)

**4. FEI Number**

**65-0596876**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DICKENSON, DAVID ESQ  
980 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432**

**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**

*Signature, typed or printed name of registered agent and title if applicable.*

*(NOTE: Registered Agent signature required when reinstating)*

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**U00000535572  
05/08/06-80057-010 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME COMPARATO, ROBERT  
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 400  
CITY-ST-ZIP BOCA RATON, FL 33432**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**