

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37644 (4)**

1. Corporation Name
WESMERE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: 1275 LAKE HEATHROW LANE HEATHROW FL 32746
Mailing Address: 1275 LAKE HEATHROW LANE HEATHROW FL 32746

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 2180 WEST SR 434
2a. Mailing Address: 26 2180 WEST SR 434

4. FEI Number: 59-3031270
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 5000
27 5000

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 LONGWOOD FL
28 LONGWOOD FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 32779
Country: 25 USA
29 32779
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICK, MICHAEL T.
1275 LAKE HEATHROW LANE
HEATHROW FL 32746

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL
85 Zip Code: 32779

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: *[Signature]* Agent

2/26/96

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, MICHAEL T.	1.2 NAME	TREADWELL, DAVID
STREET ADDRESS	1275 LAKE HEATHROW LN	1.3 STREET ADDRESS	ONE HERITAGE PLACE STE 400
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	SOUTHGATE MI 48195
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBOSH, JOE	2.2 NAME	KOENIG, LORI
STREET ADDRESS	1275 LAKE HEATHROW LN	2.3 STREET ADDRESS	ONE HERITAGE PLACE STE 400
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	SOUTHGATE MI 48195
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODSON, DOROTHY	3.2 NAME	JAHRAUS, GARY
STREET ADDRESS	1275 LAKE HEATHROW LN	3.3 STREET ADDRESS	5728 MAJOR BLVD STE 306
CITY-ST-ZIP	HEATHROW FL	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY JAHRAUS

3/26/96

Daytime Phone #

CR2E037 (12/95)