## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am § Secretary of State **DOCUMENT # N37644** 1. Entity Name WESMERE MAINTENANCE ASSOCIATION, INC. 04-05-2001 90098 043 \*\*\*\*61.25 Principal Place of Business Mailing Address 2180 W SR 434 2180 W SR 434 00031608 SUITE 5000 SUITE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3031270 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAMES W. HART, JR. SENTRY MANAGEMENT, INC. 2180 W SR 434, SUITE 5000 Zip Code City LONGWOOD FL 32779 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Addition TITLE ☐ Change ☐ Delete TITLE Jensen, Robert NAME NAME 102 CARISBROOKE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Change Delete TITLE TITLE SD FERRANTI, MICHAEL NAME NAME Morgeson, Jack STREET ADDRESS 202 CARLSBROOKE ST STREET ADDRESS 489 Dunoon Street CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** Ocoee, FL 34761 ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE BELNAP, JEFFRY NAME NAME STREET ADDRESS STREET ADDRESS 2279 POST OAK CT CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 Change Addition D Delete TITLE GRABON, CHARLES NAME NAME Manning, Willson STREET ADDRESS STREET ADDRESS **509 EMORY OAK ST** 259 Carisbrooke Street CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** <u> Coee. FL 34761</u> TITLE ☐ Delete TITLE **⊠**Change ☐ Addition ۷D CONKLING, NATHAN NAME NAME STREET ADDRESS STREET ADDRESS **481 LAURENBURG LANE** CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 TITLE ■ Delete TITLE ☐ Change Addition TAYLOR, SUZANNE NAME NAME Hertzman, Harvey STREET ADDRESS STREET ADDRESS 105 CARISBROOKE ST 2605 Elwick Street CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 <u>Ocoee. FL 34761</u>

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 apartics, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #