


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-03-2005 90176 049 ****61.25

DOCUMENT # N37644			
1. Entity Name WESMERE MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 12 E. MONUMENT AVENUE KISSIMMEE, FL 34741		Mailing Address 12 E. MONUMENT AVENUE KISSIMMEE, FL 34741	
2. Principal Place of Business <i>3383 W. Vine St</i>		3. Mailing Address <i>3383 W. Vine St.</i>	
Suite, Apt. #, etc. <i>Suite 307</i>		Suite, Apt. #, etc. <i>Suite 307</i>	
City & State <i>Kissimmee, FL</i>		City & State <i>Kissimmee, FL</i>	
Zip <i>34741</i>	Country <i>Osceola</i>	Zip <i>34741</i>	Country <i>Osceola</i>
4. FEI Number 59-3031270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D & F MANAGEMENT, LLC 3383 W VINE STREET SUITE 307 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <i>Dallie Boyd, agent</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V HITCHCOCK, LYNNELL 497 BUCKHATEN LOOP OCOOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Jensen 103 Carisbrooke St. Dcoee, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBS, RICHARD 2204 BLACKJACK OAK ST OCOOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Thatcher 239 Longhirst Loop Dcoee, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANTI, MICHAEL 202 CARISBROOKE ST OCOOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THATCHER, KATHY 239 LONGHIRST LOOP OCOOE, FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYNTON, ROBERT 252 CARISBROOKE ST. OCOOE, FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, CHERIE 102 CARISBROOKE ST. OCOOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Bruce Thatcher</i>		Date <i>4-9-05</i> Daytime Phone # <i>407-340-4266</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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