

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37644

FILED
Apr 03, 2008
Secretary of State

Entity Name: WESMERE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761 US

New Principal Place of Business:

2582 SOUTH MAGUIRE RD
SUITE 318
OCOEE, FL 34761 US

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-3031270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HITCHCOCK, LYNNELL
Address: 497 BUCKHATEN LOOP
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: MONROE, KEVIN
Address: 259 CARISBROOKE ST
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: FERRANTI, MICHAEL
Address: 202 CARISBROOKE ST
City-St-Zip: OCOEE, FL 34761

Title: PD () Delete
Name: JENSEN, BOB
Address: 102 CARISBROOKE
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: THATCHER, RALPH
Address: 239 LONGHIRST LOOP
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: JENSEN, CHERIE
Address: 102 CARISBROOKE ST.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HITCHCOCK, LYNNELL
Address: 497 BUCKHATEN LOOP
City-St-Zip: OCOEE, FL 34761

Title: VP (X) Change () Addition
Name: BONHAM, FRED
Address: 404 LAURENBURG LN
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change () Addition
Name: LEONE, ANDREW
Address: 495 MICKLETON LOOP
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SPENCER SOLOMON

RA

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date