

# 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**

Suite, Apt. #, etc.

**22 5000**

City & State

**23 LONGWOOD FL**

Zip

**24 32779**

Country

**25 USA**

2a. Mailing Address

**26 2180 WEST SR 434**

Suite, Apt. #, etc.

**27 5000**

City & State

**28 LONGWOOD FL**

Zip

**29 32779**

Country

**30 USA**

4. FEI Number

**59-3031270**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/26/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **DICK, MICHAEL T.**  
STREET ADDRESS **1275 LAKE HEATHROW LN**  
CITY - ST - ZIP **HEATHROW FL**

TITLE **VD** ☒ DELETE

NAME **DOBOSH, JOE**  
STREET ADDRESS **1275 LAKE HEATHROW LN**  
CITY - ST - ZIP **HEATHROW FL**

TITLE **STD** ☒ DELETE

NAME **DODSON, DOROTHY**  
STREET ADDRESS **1275 LAKE HEATHROW LN**  
CITY - ST - ZIP **HEATHROW FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **TREADWELL, DAVID**  
1.3 STREET ADDRESS **ONE HERITAGE PLACE STE 400**  
1.4 CITY - ST - ZIP **SOUTHGATE MI 48195**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **KOENIG, LORI**  
2.3 STREET ADDRESS **ONE HERITAGE PLACE STE 400**  
2.4 CITY - ST - ZIP **SOUTHGATE MI 48195**

3.1 TITLE **VSTD** ☐ Change ☒ Addition

3.2 NAME **JAHRAUS, GARY**  
3.3 STREET ADDRESS **5728 MAJOR BLVD STE 306**  
3.4 CITY - ST - ZIP **ORLANDO FL 32819**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied 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 supplemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY JAHRAUS**

Date

Daytime Phone #

CR2E037 (12/95)