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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37644

1. Corporation Name

WESMERE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/13/1990

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

9. Name and Address of Current Registered Agent

JAMES W. HART, JR.
SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TREADWELL, DAVID	
STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400	
CITY-ST-ZIP	SOUTHGATE MI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOENIG, LORI	
STREET ADDRESS	ONE HERITAGE PLACE, SUITE 400	
CITY-ST-ZIP	SOUTHGATE MI	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	JAHAUS, GARY	
STREET ADDRESS	5728 MAJOR BLVD., SUITE 306	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jensen, Robert	
1.3 STREET ADDRESS	102 Carisbrooke St	
1.4 CITY-ST-ZIP	Ocoee, FL 34761	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ferranti, Michael	
2.3 STREET ADDRESS	202 Carisbrooke St	
2.4 CITY-ST-ZIP	Ocoee, FL 34761	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Belnap, Jeffry	
3.3 STREET ADDRESS	2279 Post Oak Ct	
3.4 CITY-ST-ZIP	Ocoee, FL 34761	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Grabon, Charles	
4.3 STREET ADDRESS	509 Emory Oak St	
4.4 CITY-ST-ZIP	Ocoee, FL 34761	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Conkling, Nathan	
5.3 STREET ADDRESS	481 Launenburg Ln	
5.4 CITY-ST-ZIP	Ocoee, FL 34761	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gamble, Ed	
6.3 STREET ADDRESS	4 Edenton Ct	
6.4 CITY-ST-ZIP	Ocoee, FL 34761	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/99

Daytime Phone #

CR2E037 (11/98)