2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90098 043 ****61.25

DOCUMENT # N37644

1. Entity Name

WESMERE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US	2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US

D0031608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3031270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES W. HART, JR. SENTRY MANAGEMENT, INC. 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENSEN, ROBERT 102 CARISBROOKE STREET OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERRANTI, MICHAEL 202 CARLSBROOKE ST OCOEE FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Morgeson, Jack 489 Dunoon Street Ocoee, FL 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELNAP, JEFFRY 2279 POST OAK CT OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRABON, CHARLES 509 EMORY OAK ST OCOEE FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Manning, Willson 259 Carisbrooke Street Ocoee, FL 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONKLING, NATHAN 481 LAURENBURG LANE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, SUZANNE 105 CARISBROOKE ST OCOEE FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hertzman, Harvey 2605 Elwick Street Ocoee, FL 34761	☐ Change ☒ Addition

CR2E037 (10/00)

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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #