

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 3383 W. Vine St Suite, Apt. #, etc. Suite 307		3. Mailing Address 3383 W. Vine St. Suite, Apt. #, etc. Suite 307																																																																																																																																					
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Country Usaola		Country Usaola																																																																																																																																					
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 D & F MANAGEMENT, LLC 3383 W VINE STREET SUITE 307 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Dallie Boyd, agent</i></u> DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">V</td> <td style="width: 15%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HITCHCOCK, LYNNELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>497 BUCKHATEN LOOP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>COMBS, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2204 BLACKJACK OAK ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>FERRANTI, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>202 CARISBROOKE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>THATCHER, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>239 LONGHIRST LOOP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>BOYNTON, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>252 CARISBROOKE ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JENSEN, CHERIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>102 CARISBROOKE ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Bob Jensen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>102 Carisbrooke St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Ralph Thatcher</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>239 Longhirst Loop</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOE, FL 34761</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	V	☐ Delete	NAME	HITCHCOCK, LYNNELL		STREET ADDRESS	497 BUCKHATEN LOOP		CITY-ST-ZIP	OCOE, FL 34761		TITLE	VP	☐ Delete	NAME	COMBS, RICHARD		STREET ADDRESS	2204 BLACKJACK OAK ST		CITY-ST-ZIP	OCOE, FL 34761		TITLE	D	☐ Delete	NAME	FERRANTI, MICHAEL		STREET ADDRESS	202 CARISBROOKE ST		CITY-ST-ZIP	OCOE, FL 34761		TITLE	S	☒ Delete	NAME	THATCHER, KATHY		STREET ADDRESS	239 LONGHIRST LOOP		CITY-ST-ZIP	OCOE, FL 34761		TITLE	T	☒ Delete	NAME	BOYNTON, ROBERT		STREET ADDRESS	252 CARISBROOKE ST.		CITY-ST-ZIP	OCOE, FL 34761		TITLE	D	☐ Delete	NAME	JENSEN, CHERIE		STREET ADDRESS	102 CARISBROOKE ST.		CITY-ST-ZIP	OCOE, FL 34761		TITLE	P	☐ Change ☒ Addition	NAME	Bob Jensen		STREET ADDRESS	102 Carisbrooke St.		CITY-ST-ZIP	OCOE, FL 34761		TITLE	T	☐ Change ☒ Addition	NAME	Ralph Thatcher		STREET ADDRESS	239 Longhirst Loop		CITY-ST-ZIP	OCOE, FL 34761		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Ralph Thatcher</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-9-05</u> Daytime Phone # <u>407-340-4266</u>																																																																																																																																					

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