2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N98000005588

Entity Name: WINTERMERE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3550243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: GRUSZKA, MICHAEL
Address: 2296 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete
Name: STUMBAUGH, ROBERT
Address: 2145 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete
Name: RADCLIFFE, CARL
Address: 2056 WINTERMERE POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete
Name: MEYERS, SHANNON
Address: 14115 PIPEVINE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: PIATEK, MICHAEL
Address: 2347 HAMMOCK VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARNUM, LYNN
Address: 2163 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change ( ) Addition
Name: MCMULLEN, TERRY
Address: 2115 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change ( ) Addition
Name: AMORE, GLENN
Address: 2658 GROVE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Change ( ) Addition
Name: KELLY, JOHN
Address: 2454 PRAIRIE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

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: LYNN BARNUM PD 03/27/2009

Electronic Signature of Signing Officer or Director — Date