## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37644

FILED Apr 20, 2009 Secretary of State

Entity Name: WESMERE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2582 SOUTH MAGUIRE RD SUITE 318 OCOEE, FL 34761

**New Mailing Address: Current Mailing Address:** 

PO BOX 783367 WINTER GARDEN, FL 34778

FEI Number: 59-3031270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, SPENCER R 14443 PRUNNING WOOD PLACE WINTER GARDEN, FL 34787

**OFFICERS AND DIRECTORS:** 

JENSEN, CHERIE

OCOEE, FL 34761

102 CARISBROOKE ST.

Name:

Address:

City-St-Zip:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HITCHCOCK, LYNNELL BONHAM, FRED Name: Name: 404 LAURENBURG LN Address:

497 BUCKHATEN LOOP Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete Title: (X) Change ( ) Addition BONHAM, FRED Name: BLEEKER, STEVE Name:

Address: 404 LAURENBURG LN Address: 297 WESCLIFF DR City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: SD (X) Change ( ) Addition

HITCHCOCK, LYNELL LEONE, ANDREW Name: Name: 495 MICKLETON LOOP 497 BUCKHAVEN LOOP Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

( ) Delete Title: PD Title: TD (X) Change ( ) Addition

Name: JENSEN, BOB Name: THATCHER, RALPH 102 CARISBROOKE 239 LONGHIRST LOOP Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: (X) Change ( ) Addition

THATCHER, RALPH ANDREW, LEONE Name: Name: 239 LONGHIRST LOOP 495 MICKLETON LOOP Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete 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: SPENCER SOLOMON RΑ 04/20/2009