

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005848

FILED
Apr 25, 2019
Secretary of State
1182994996CC

Entity Name: WESMERE TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE 300
KISSIMMEE, FL 34744

Current Mailing Address:

1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE 300
KISSIMMEE, FL 34744 US

FEI Number: 26-0524276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANN, LORI
1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE 300
KISSIMMEE, FL 34744 US

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: LORI DANN

04/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CUIZIO, PHILIP
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title PRESIDENT
Name BOWEN, PAIGE D.
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name MASSI, LUZMILA
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY
Name CRABBENDAM, ERIC
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title TREASURER
Name DE ARMAS, DANIEL
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title VP
Name MROZEK, CHRISTINA
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name KATBEH, SHABAN
Address 1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE
300
City-State-Zip: KISSIMMEE FL 34744

I hereby 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 all other like empowered.

SIGNATURE: PAIGE BOWEN

PRESIDENT

04/25/2019

