

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000096

**FILED  
Apr 10, 2015  
Secretary of State  
CC1752959881**

**Entity Name:** WINDERMERE TERRACE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD  
SUITE 304  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD  
SUITE 304  
CHAMPIONSGATE, FL 33896

**FEI Number:** 46-0680671

**Certificate of Status Desired:** No

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC.  
8390 CHAMPIONSGATE BLVD  
SUITE 304  
CHAMPIONSGATE, FL 33896 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCCLAIN, AMY  
Address        8390 CHAMPIONSGATE BLVD  
                 SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            VP  
Name            HUTCHESON, MIKE  
Address        8390 CHAMPIONSGATE BLVD  
                 SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            TREASURER  
Name            BOLTON, RYAN  
Address        8390 CHAMPIONSGATE BLVD  
                 SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            SECRETARY  
Name            RUPNARAIN, RYAN  
Address        8390 CHAMPIONSGATE BLVD  
                 SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            DIRECTOR  
Name            WESELIS, TOM  
Address        8390 CHAMPIONSGATE BLVD  
                 SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

*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:** AMY MCCLAIN

**PRESIDENT**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date