

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37644

Entity Name: WESMERE MAINTENANCE ASSOCIATION, INC.

FILED
Apr 23, 2021
Secretary of State
7020296393CC

Current Principal Place of Business:

17307 PAGONIA DR
SUITE 105
CLERMONT, FL 34711

Current Mailing Address:

13900 COUNTY ROAD 455
SUITE 107 #3456
CLERMONT,FL, FL 34711 US

FEI Number: 59-3031270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIS, JOHN DAVID
17307 PAGONIA DR
SUITE 105
CLERMONT, FL 34711 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: JOHN ELLIS

04/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name STEPHEN, GARNSEY
Address 13900 COUNTY ROAD 455
SUITE 107 #346
City-State-Zip: CLERMONT,FL FL 34711

Title VP
Name GILLESPIE, ANDREW
Address 13900 COUNTY ROAD 455
SUITE 107 #3456
City-State-Zip: CLERMONT,FL FL 34711

Title PRESIDENT
Name MAYER, ADRIAN
Address 13900 COUNTY ROAD 455
SUITE 107 #346
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name CROCKER, JOE
Address 13900 COUNTY ROAD 455
SUITE 107 #346
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name STRICKLAND, EDWARD
Address 13900 COUNTY ROAD 455,SUITE 07
#346, SUITE 6
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name KOEHLER, SHELLY
Address 13900 COUNTY ROAD 455,SUITE 07
#346, SUITE 6
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name HARRISON, WILLIAM
Address 13900 COUNTY ROAD 455
SUITE 107 #346
City-State-Zip: CLERMONT,FL FL 34711

Title DIRECTOR
Name HARRISON, DENISE
Address 13900 COUNTY ROAD 455
SUITE 107 #346
City-State-Zip: CLERMONT,FL FL 34711

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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: ADRIAN MAYER

PRESIDENT

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BALESTRI, LOUIS
Address 13900 COUNTY ROAD 455
 SUITE 107 #346
City-State-Zip: CLERMONT,FL FL 34711