

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37644

**Entity Name:** WESMERE MAINTENANCE ASSOCIATION, INC.

**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**

**05/13/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

*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**

**05/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date