

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37644

**Entity Name:** WESMERE MAINTENANCE ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US**FEI Number:** 59-3031270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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	PD	Title	DIRECTOR
Name	TIM, TONKOVICH	Name	BERG, BILL
Address	6972 LAKE GLORIA	Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	D	Title	VP
Name	STRICKLAND, ED	Name	MACLAVAIN, STEPHANIE
Address	6972 LAKE GLORIA BLVD	Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	DIRECTOR	Title	TREASURER
Name	MATTOS, CLAUDIA	Name	SINGLETON, SAGE
Address	6972 LAKE GLORIA BLVD	Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	SECRETARY		
Name	MATALUNI, MIKE		
Address	6972 LAKE GLORIA BLVD		
City-State-Zip:	ORLANDO FL 32809		

*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:** TIM TONKOVICH**PRESIDENT****04/23/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date