#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37644

Entity Name: WESMERE MAINTENANCE ASSOCIATION, INC.

FILED
Mar 11, 2022
Secretary of State
7213167473CC

## **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 03/11/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title TREASURER Title VF

Name STEPHEN, GARNSEY Name GILLESPIE, ANDREW

Address 13900 COUNTY ROAD 455 Address 13900 COUNTY ROAD 455

SUITE 107 #346 SUITE 107 #3456

City-State-Zip: CLERMONT,FL FL 34711 City-State-Zip: CLERMONT,FL FL 34711

TitlePRESIDENTTitleDIRECTORNameMAYER, ADRIANNameKORESH, JOEL

Address 13900 COUNTY ROAD 455 Address 13900 COUNTY ROAD 455

SUITE 107 #346 SUITE 107 #346

CLERMONT FL 34711 City-State-Zip: CLERMONT FL 34711

Title DIRECTOR Title DIRECTOR

Name STRICKLAND, EDWARD Name KOEHLER, SHELLY

Address 13900 COUNTY ROAD 455,SUITE 07 Address 13900 COUNTY ROAD 455,SUITE 07

#346, SUITE 6 #346, SUITE 6

City-State-Zip: CLERMONT FL 34711 City-State-Zip: CLERMONT FL 34711

Title DIRECTOR Title SECRETARY

Name HARRISON, WILLIAM Name HARRISON, DENISE

Address 13900 COUNTY ROAD 455 Address 13900 COUNTY ROAD 455

SUITE 107 #346 SUITE 107 #346

City-State-Zip: CLERMONT,FL FL 34711 City-State-Zip: CLERMONT,FL FL 34711

## Continues on page 2

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 03/11/2022

# Officer/Director Detail Continued:

DIRECTOR Title

BALESTRI, LOUIS Name

13900 COUNTY ROAD 455 SUITE 107 #346 Address

City-State-Zip: CLERMONT,FL FL 34711