

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N37644

Entity Name: WESMERE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

5401 KIRKMAN RD
SUITE 310
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-3031270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: NEVILLE SPRACKLEN

07/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SPRACKLEN, NEVILLE
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title V. PRESIDENT
Name GAESTEL, GERALD
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name PELLISSIER, DAVID
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title SECRETARY
Name BALESTRI, LOUIS
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name HUDSON, BEN
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name COTTER, DIANNA
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name BAUM, PENNY BOURDEAU
Address 5401 KIRKMAN RD
 SUITE 310
City-State-Zip: ORLANDO FL 32819

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: NEVILLE SPRACKLEN

PRESIDENT

07/03/2017

Electronic Signature of Signing Officer/Director Detail

Date