

**2013 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  
Name BRENNAN, JAMES  
Address 6972 LAKE GLORIA  
City-State-Zip: ORLANDO FL 32809

Title SD  
Name SYLVESTER, LYNN  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name HITCHCOCK, LYNELL  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name QUINTERO, CHRISTOPHER  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title VPD  
Name BLEEKER, STEVE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title TD  
Name BERG, BILL  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name MACLAVAIN, STEPHANIE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name PY, ART  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

**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:** JAMES BRENNAN

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04/23/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MATTOS, CLAUDIA
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809