

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005588

Entity Name: WINTERMERE POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**13350 W COLONIAL DR
STE 330
WINTER GARDEN, FL 34778**Current Mailing Address:**P.O BOX 783367
WINTER GARDEN, FL 34778 US**FEI Number: 59-3550243****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT OF CNTRL FL
13350 W COLONIAL DR STE 330
WINTER GARDEN, FL 34787 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	PRESIDENT
Name	ALDRED, ROSEMARIE
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	VP
Name	GOULD, MARLENE
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	TREASURER
Name	KINGSLEY, ADAM
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	BROWN, CARLTON
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	DISALVO, JOHN
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	ROEHRBEIN, HANS
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	BURTON, ANDREW
Address	P.O BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

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: ROSEMARIE ALDRED**PRESIDENT****03/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date