2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005588

Entity Name: WINTERMERE POINTE HOMEOWNERS 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: 59-3550243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC.
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: REBECCA FURLOW   04/21/2015

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR		Title	VP, DIRECTOR
Name	ALDRED, ROSEMARIE		Name	GOULD, MARLA
Address	6972 LAKE GLORIA BLVD		Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809		City-State-Zip:	ORLANDO FL 32809
Title	SECRETARY, DIRECTOR		Title	TREASURER, DIRECTOR
Name	LOESCH, SHERYL		Name	AMORE, GLEN
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	DIRECTOR
Name	KINGSLEY, ADAM		Name	CHESIRE, TANYA
Address	6972 LAKE GLORIA BLVD		Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809		City-State-Zip:	ORLANDO FL 32809
Title	DIRECTOR			
Name	BROW, CARLTON			
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: ROSEMARIE ALDRED   PRESIDENT   04/21/2015

Electronic Signature of Signing Officer/Director Detail   Date