

2014 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****01/02/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ALDRED, ROSEMARIE
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title VP, DIRECTOR
Name GOULD, MARLA
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title SECRETARY, DIRECTOR
Name LOESCH, SHERYL
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

Title TREASURER, DIRECTOR
Name AMORE, GLEN
Address 6972 LAKE GLORIA BLVD
City-State-Zip: ORLANDO FL 32809

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

Title DIRECTOR
Name CHESIRE, TANYA
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****01/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date