

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 11, 2008**  
**Secretary of State**

DOCUMENT# N04000009397

**Entity Name:** WESMERE COVE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**17160 ROYAL PALM BLVD.  
SUITE 2  
WESTON, FL 33326 US**New Principal Place of Business:**5955 T.G. LEE BLVD  
SUITE #300  
ORLANDO, FL 32822 US**Current Mailing Address:**17160 ROYAL PALM BLVD.  
SUITE 2  
WESTON, FL 33326 US**New Mailing Address:**5955 T.G. LEE BLVD  
SUITE #300  
ORLANDO, FL 32822 US**FEI Number:** 26-0419223**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHOEMAKER, JOHN B  
61 WEST COLONIAL DRIVE  
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**LELAND MANAGEMENT  
5955 T.G. LEE BLVD  
SUITE #300  
ORLANDO, FL 32822 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

12/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VD ( ) Delete  
**Name:** ROSEN, HARRY  
**Address:** 17160 ROYAL PALM BLVD., SUITE 2  
**City-St-Zip:** WESTON, FL 33326 US**Title:** PD ( ) Delete  
**Name:** SHOEMAKER, JOHN B  
**Address:** 61 WEST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32801 US**Title:** STD ( ) Delete  
**Name:** BOLANDER, NICHOL  
**Address:** 61 WEST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32801 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** STD (X) Change ( ) Addition  
**Name:** FANIEL, SYLVIA  
**Address:** 61 WEST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN B. SHOEMAKER

PD

12/11/2008

Electronic Signature of Signing Officer or Director

Date