## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009397

FILED Apr 28, 2009 Secretary of State

Entity Name: WESMERE COVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD **SUITE #300** ORLANDO, FL 32809

ORLANDO, FL 32822 US

**New Mailing Address: Current Mailing Address:** 

5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD **SUITE #300** ORLANDO, FL 32809 US 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: Name and Address of New Registered Agent:

LELAND MANAGEMENT LELAND MANAGEMENT 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 **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 04/28/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ROSEN, HARRY KODSI, STEVE Name: Name: 17160 ROYAL PALM BLVD., SUITE 2 Address: 61 W COLONIAL DRIVE Address:

City-St-Zip: WESTON, FL 33326 US City-St-Zip: ORLANDO, FL 32801 US

Title: () Delete Title: (X) Change ( ) Addition SHOEMAKER, JOHN B Name: KODSI, ALBERT Name:

Address: 61 WEST COLONIAL DRIVE Address: 61 WEST COLONIAL DRIVE City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: ORLANDO, FL 32801 US

Title: STD () Delete Title: STD (X) Change ( ) Addition

FANIEL, SYLVIA Name: COHEN, ODED Name:

61 WEST COLONIAL DRIVE 61 WEST COLONIAL DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32801 US 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: ALBERT KODSI PD 04/28/2009