

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005588

FILED
Apr 14, 2005
Secretary of State

Entity Name: WINTERMERE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3550243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRUSZKA, MICHAEL
Address: 2296 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: STUMBAUGH, ROBERT
Address: 2145 WINTERMERE POINT DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: MENSING, JOHN
Address: 2653 GROVE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: HOLIHEN, TERRY
Address: 2436 PRAIRIE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: CALLAHAN, JAMES
Address: 14018 BEARGRASS CT
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MEYERS, SHANNON
Address: 14115 PIPEVINE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL GRUSZKA

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date