

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002678

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** WINTERMERE HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3611164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 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: PERRY, PATRICIA  
Address: 13120 LAKESHORE GROVE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: JACKSON, ERICA  
Address: 2045 HARBOR COVE WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete  
Name: GLINTER, DAVID  
Address: 2057 HARBOR COVE WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete  
Name: MONTAGUE, MIKE  
Address: 13000 LAKESHORE GROVE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: POWELL, KEITH  
Address: 13138 LAKESHORE GROVE DR  
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: D (X) Change ( ) Addition  
Name: ADAMSON, NIGEL  
Address: 2125 HARBOR COVE WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change ( ) Addition  
Name: POWELL, KEITH  
Address: 13138 LAKESHORE GROVE DR  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA PERRY

PD

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date