

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002678

FILED
Apr 20, 2009
Secretary of State

Entity Name: WINTERMERE HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 S MAGUIRE RD
SUITE 318
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

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:

SOLOMON, SPENCER RA
14443 PRUNNINGWOOD PLACE
SUITE 5000
WINTER GARDEN, FL 34787 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: D () Delete
Name: ADAMSON, NIGEL
Address: 2125 HARBOR COVE WAY
City-St-Zip: WINTER GARDEN, FL 34787

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUKE, GREG
Address: 3444 KING GEORGE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: CAPP, AL
Address: 3211 KING GEORGE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change () Addition
Name: BAUER, MARILYN
Address: 8200 LYNCH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Change () Addition
Name: LINDSAY, RON
Address: 8206 LYNCH DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: WOOLF, NEIL
Address: 3714 SIR ANDREWS ST
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date