

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90098 033 ****61.25

DOCUMENT # N00000008168
 1. Entity Name
BAYANIHAN AT WEDGEFIELD ASSOCIATION, INC.

Principal Place of Business Mailing Address
2262 BABBITT AVE **2262 BABBITT AVE**
ORLANDO FL 32833 **ORLANDO FL 32833**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

Country Zip Country

4. FEI Number **59-3683031** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MERCADO, CRIS
2262 BABBITT AVE
ORLANDO FL 32833

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	MERCADO, CRIS
STREET ADDRESS	2262 BABBITT AVE
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	V <input type="checkbox"/> Delete
NAME	TOBILLO, EMILYN
STREET ADDRESS	2109 ABALONE AVENUE
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	S <input type="checkbox"/> Delete
NAME	SIAD, DONNA
STREET ADDRESS	20111 MAXIM PKWY.
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	D <input type="checkbox"/> Delete
NAME	MENDOZA, WILLIE
STREET ADDRESS	3406 NORTHCLIFT AVENUE
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	D <input type="checkbox"/> Delete
NAME	OBLEADA, TESS
STREET ADDRESS	2091 ABALONE AVENUE
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	D <input type="checkbox"/> Delete
NAME	SIAD, JAMES
STREET ADDRESS	20111 MAXIM PKWY.
CITY-ST-ZIP	ORLANDO FL 32833

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

9-12-02

CR2E037 (4/02)