


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90530 007 \*\*\*\*61.25

DOCUMENT # N0000008168						
1. Entity Name BAYANIHAN AT WEDGEFIELD ASSOCIATION, INC.						
Principal Place of Business 2323 ABALONE BLVD ORLANDO FL 32833		Mailing Address PO BOX 578513 ORLANDO FL 32867-8513				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3683031		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
OBLEADA, BRICCIO T 2323 ABALONE BLVD ORLANDO FL 32833			Name RAPUNZEL C. GANDOLA			
			Street Address (P.O. Box Number is Not Acceptable)			
			2332 AMBERLY AVE			
			City ORLANDO		FL	Zip Code 32833
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 <i>Rapunzel C. Gandola</i> RAPUNZEL C. GANDOLA - PRES.				DATE 4/23/04		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBLEADA, BRICCIO		NAME	RAPUNZEL GANDOLA		
STREET ADDRESS	2323 ABALONE BLVD		STREET ADDRESS	2332 AMBERLY AVE		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP	ORL FL 32833		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANDOLA, RAPSIE		NAME	VICTOR ALZONA		
STREET ADDRESS	2323 ABALONE BLVD		STREET ADDRESS	2500 W COLONIAL DR.		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALZONA, VICTOR		NAME	MARIA PAIT		
STREET ADDRESS	2500 W COLONIAL DR.		STREET ADDRESS	20681-NETTLETON ST		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	ORL FL 32833		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOBILLO, EMILYN		NAME	BRICCIO OBLEADA		
STREET ADDRESS	2371 ABALONE BLVD		STREET ADDRESS	2323 ABALONE BLVD		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP	ORL FL 32833		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCADO, CRIS		NAME	EMILYN TOBILLO		
STREET ADDRESS	2262 BABBITT AVE		STREET ADDRESS	2371 ABALONE BLVD		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP	ORL FL 32833		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENDOZA, WILLIE		NAME	CRIS MERCADO		
STREET ADDRESS	3406 NORTHCLIFF ST		STREET ADDRESS	2262 BABBITT AVE		
CITY-ST-ZIP	ORLANDO FL 32833		CITY-ST-ZIP	ORL FL 32833		
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: <i>Rapunzel C. Gandola</i> RAPUNZEL C. GANDOLA - PRES.				DATE: 4/23/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 407.568-1808		