


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90220 045 \*\*\*\*61.25

**DOCUMENT # N00000008168**

1. Entity Name  
**BAYANIHAN AT WEDGEFIELD ASSOCIATION, INC.**



Principal Place of Business  
 2500 W COLONIAL DR.,  
 ORLANDO, FL 32804

Mailing Address  
 PO BOX 108  
 CHRISTMAS, FL 32709-0108

60037000



2. Principal Place of Business  
**20350 NORTHCLIFF ST**

3. Mailing Address  
 Suite, Apt. #, etc.

03062006 Chg-NP CR2E037 (11/05)

City & State  
**ORLANDO, FL**

City & State

4. FEI Number  
**59-3683031**

Applied For  
 Not Applicable

Zip  
**32833**

Country  
**USA**

Zip  
 Country

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

6. Name and Address of Current Registered Agent

**ALZONA, VICTOR R**  
 2500 W COLONIAL DR.,  
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name  
**MENDOZA, MARIDEN**

Street Address (P.O. Box Number is Not Acceptable)  
**20350 NORTHCLIFF ST**

City  
**ORLANDO**

State  
**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 *Mariden M. Mendoza* DATE 4/10/06

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

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALZONA, VICTOR</b> 2500 W COLONIAL DR., ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MENDOZA, MARIDEN</b> 20350 NORTHCLIFF ST ORLANDO, FL 32833 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MENDOZA, MARIDEN</b> 20350 NORTHCLIFF ST ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CURA, ALFONSO</b> 3300 ABALONE BLVD ORLANDO, FL 32833 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>OBLEADA, TESS</b> 2323 ABALONE BLVD ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OBLEADA, TERESITA</b> 2323 ABALONE BLVD ORLANDO, FL 32833 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAHONEY, GEMMA</b> 2326 ARCHER BLVD ORLANDO, FL 32833 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENTINGANAN ZEENA MAE</b> 3200 ABALONE BLVD ORLANDO, FL 32833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOBILLO, RUBEN</b> 2371 ABALONE BLVD. ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OBLEADA, BRICCID</b> 2323 ABALONE BLVD ORLANDO, FL 32833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GANDOLA, RAPUNZEL</b> 2332 AMBERLY AVE ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALZONA, VICTOR</b> 2500 W COLONIAL DR., ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

*Mariden M. Mendoza*