


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 016 ****61.25

DOCUMENT # N0000008168			
1. Entity Name BAYANIHAN AT WEDGEFIELD ASSOCIATION, INC.			
Principal Place of Business 20350 NORTHCLIFF ST ORLANDO FL 32833		Mailing Address PO BOX 108 CHRISTMAS FL 32709-0108	
2. Principal Place of Business - No P.O. Box # 3300 Abalone Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32833	Country USA	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3683031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENDOZA, MARIDEN 20350 NORTHCLIFF ST. ORLANDO FL 32833				7. Name and Address of New Registered Agent			
Name Al Cura				Street Address (P.O. Box Number is Not Acceptable) 3300 Abalone Blvd			
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 Alfonso R. Cura Alfonso R. Cura 4/28/2007

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME MENDOZA, MARIDEN	<input checked="" type="checkbox"/> Delete		TITLE P	NAME Cura, Al	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 20350 NORTHCLIFF ST	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 3300 Abalone Blvd	CITY - ST - ZIP Orlando, FL 32833		
TITLE ✓ D	NAME MENDOZA, MARIDEN	<input checked="" type="checkbox"/> Delete		TITLE VP	NAME Bentingawan, Oscar	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 20350 NORTHCLIFF ST	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 3200 Abalone Blvd	CITY - ST - ZIP Orlando FL 32833		
TITLE T	NAME OBLEADA, TERESITA	<input type="checkbox"/> Delete		TITLE S	NAME Tobillo, Emilyn	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 2323 ABALONE BLVD	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 2371 Abalone Blvd	CITY - ST - ZIP Orlando, FL 32833		
TITLE S	NAME ZEENA MAE, BENTINGAWAN	<input checked="" type="checkbox"/> Delete		TITLE D	NAME Gandola, Rapunzel	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 3200 ABALONE BLVD	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 2332 Amberly Ave	CITY - ST - ZIP Orlando, FL 32833		
TITLE D	NAME OBLGADA, BRICCID	<input checked="" type="checkbox"/> Delete		TITLE D	NAME Mendoza, Mariden	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 2373 ABALONE BLVD	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 20350 Northcliff St.	CITY - ST - ZIP Orlando, FL 32833		
TITLE D	NAME ALZONA, VICTOR	<input type="checkbox"/> Delete		TITLE D	NAME Alas, Linovic	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 2332 AMBERLY AVE	CITY - ST - ZIP ORLANDO FL 32833			STREET ADDRESS 3059 Cove View Drive	CITY - ST - ZIP St. Cloud, FL 34771		

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

SIGNATURE: Alfonso R. Cura Alfonso R. Cura 4/28/07 (107) 227-0590