

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N38430** (7)

95 JAN 27 PM 3:58

1. Corporation Name
THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2514 ALBION AVE ORLANDO FL 32833 US	Mailing Address 2514 ALBION AVE. ORLANDO FL 32833
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3. Date Incorporated or Qualified 06/04/1990	3a. Date of Last Report 01/26/1994
4. FEI Number 65-0207867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ROTRUCK, ROBERT R
2514 ALBION AVE.
ORLANDO, FL 32833**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRALEY, GERALD B
STREET ADDRESS	1301 W. COPANS RD.
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	TD
NAME	ROTRUCK, ROBERT R
STREET ADDRESS	2514 ALBION AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	GURTNER, SYLVESTER C
STREET ADDRESS	2850 ALBION AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DP
NAME	COLLIER, JUANITA
STREET ADDRESS	2640 ALBION AVE.
CITY-ST-ZIP	ORLANDO FL 32833
TITLE	D
NAME	TOWNSEND, JOHN H
STREET ADDRESS	2038 ALBION AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DS
NAME	GUERRERA, NANCY M
STREET ADDRESS	2049 ALBION AVE.
CITY-ST-ZIP	ORLANDO FL 32833

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HATHAWAY, HARRY L.	
1.3 STREET ADDRESS	2611 ALBION AVE.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32833	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry L. Hathaway Harry L. HATHAWAY 1/27/95 380-4460
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #