

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38430 (7)
1. Corporation Name
THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
**2514 ALBION AVE
ORLANDO FL 32833
US**

Mailing Address
**2514 ALBION AVE
ORLANDO FL 32833**

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
01/27/1995

2. Principal Place of Business
21 **2638 ALBION AVE**
Suite, Apt. #, etc.
22 **ORLANDO, FL 32833**
City & State
23 **ORLANDO, FL**
Zip Country
24 **32833-4342** 25 **US**

2a. Mailing Address
26 **2638 ALBION AVE**
Suite, Apt. #, etc.
27
City & State
28 **ORLANDO, FL**
Zip Country
29 **32833-4342** 30 **US**

4. FEI Number
65-0207867

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP HATHWAY, HARRY L. 2611 ALBION AVE. ORLANDO FL DELETE

TD ROTRUCK, ROBERT R 2514 ALBION AVE ORLANDO FL DELETE

D GURTNER, SYLVESTER C 2650 ALBION AVE ORLANDO FL DELETE

DV COLLIER, JUANITA 2640 ALBION AVE. ORLANDO FL DELETE

D TOWNSEND, JOHN H 2636 ALBION AVE ORLANDO FL DELETE

DS GUERRERA, NANCY M 2649 ALBION AVE. ORLANDO FL 32833 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition

2.1 TITLE TD 2.2 NAME EVERMON, WILLIAM R. 2.3 STREET ADDRESS 2638 ALBION AVE 2.4 CITY-ST-ZIP ORLANDO, FL 32833 Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE D 4.2 NAME TOWNSEND, MARILYN 4.3 STREET ADDRESS 2532 ALBION AVE 4.4 CITY-ST-ZIP ORLANDO, FL 32833 Change Addition

5.1 TITLE DV 5.2 NAME TOWNSEND, JOHN H. 5.3 STREET ADDRESS 2636 ALBION AVE 5.4 CITY-ST-ZIP ORLANDO, FL 32833 Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William R. Evermon **WILLIAM R. EVERMON** 1/22/96 (407) 380-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)