


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 2638 ALBION AVENUE ORLANDO FL 32833-4342 US | Mailing Address 2638 ALBION AVENUE ORLANDO FL 32833-4342 US |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/04/1990 | 3a. Date of Last Report 01/29/1996 |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

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 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 | DP | <input type="checkbox"/> DELETE |
| NAME | HATHWAY, HARRY L. | |
| STREET ADDRESS | 2611 ALBION AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | EVERMON, WILLIAM R. | |
| STREET ADDRESS | 2638 ALBION AVENUE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GURTNER, SYLVESTER C | |
| STREET ADDRESS | 2650 ALBION AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TOWNSEND, MARILYN | |
| STREET ADDRESS | 2532 ALVION AVENUE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | TOWNSEND, JOHN H | |
| STREET ADDRESS | 2636 ALBION AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | GUERRERA, NANCY M | |
| STREET ADDRESS | 2649 ALBION AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32833 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TOWNSEND, ROBERT | |
| 3.3 STREET ADDRESS | 2532 ALBION AVE | |
| 3.4 CITY-ST-ZIP | ORLANDO, FL 32833 | |
| 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 | DP | <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Townsend President* *John Townsend* 01/24/97 568-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018334

CR2E037 (9/96)

VILLAS AT WEDGEFIELD PHASE I MAINTENANCE ASSN, INC

C/O BILL EVERMON
2638 ALBION AVENUE
ORLANDO, FL 32833-4342

Phone (407)380-4563
Fax 555-9876

January 4, 1997

Addition to Block 12 of Document # N38430 NONPROFIT CORPORATION ANNUAL REPORT 1997

Title: D
Name: Rotruck, Robert R.
Street Address: 2514 Albion Ave
City, State, Zip: Orlando, FL 32833