

NON PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 06 1998 8:00am  
Secretary of State

DOCUMENT # N38430 (7)

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

Principal Place of Business Mailing Address  
2638 ALBION AVENUE 2638 ALBION AVENUE  
ORLANDO FL 32833-4342 ORLANDO FL 32833-4342  
US US

3. Date Incorporated or Qualified

06/04/1990

4. FEI Number

65-0207867

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 2506 ALBION AVE. 26 2506 ALBION AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 ORLANDO FL 27

City & State City & State  
23 ORLANDO FL 28

Zip Country Zip Country  
24 32833 25 ORANGE 29 32833 30 ORANGE

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 MR. George MINERD  
82 Street Address (P.O. Box Number is Not Acceptable) 2506 ALBION AVE  
83 ORLANDO  
84 City  
85 Zip Code FL 32833

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 GEORGE MINERD *George Minerd* PRES 2-2-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, ROBERT	
STREET ADDRESS	2532 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	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, ROBERT	
STREET ADDRESS	2532 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOWNSEND, MARILYN	
STREET ADDRESS	2532 ALBION AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 GEORGE MINERD 2-2-98

CR2E037 (10/97)