

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90122 015 \*\*\*\*61.25

**DOCUMENT # N38430**

1. Entity Name

**THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2532 ALBION AVE  
 ORLANDO FL 32833  
 US

2532 ALBION AVE  
 ORLANDO FL 32833  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0207867

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, ROBERT L**  
**2632 ALBION AVE**  
**ORLANDO FL 32833**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS, NANCY	
STREET ADDRESS	2849 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, HAROLD D	
STREET ADDRESS	2611 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	S	<input type="checkbox"/> Delete
NAME	DREW, DARCEL	
STREET ADDRESS	2514 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOWNSEND, ROBERT L	
STREET ADDRESS	2532 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ELLIS	
STREET ADDRESS	2508 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, SEAN	
STREET ADDRESS	2652 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN Wilson	
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

*SIGNATURE REQUIRED*

Treasurer 1-15-02 407 568-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)