

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 017 ****61.25

DOCUMENT # N38430

1. Entity Name

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



Principal Place of Business

**2532 ALBION AVE
ORLANDO FL 32833
US**

Mailing Address

**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

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0207867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, ROBERT L
2532 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME MINARD, GEORGE ☐ Delete
STREET ADDRESS 2506 ALBION AVE.
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MITCHELL, HAROLD ☐ Delete
STREET ADDRESS 2611 ALBION AVE
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME TOWNSEND, MARILYN
STREET ADDRESS 2532 ALBION AVE.
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Beverly Holcomb**
CITY-ST-ZIP **2604 ALBION AVE, ORLANDO, FL 32833**

TITLE T
NAME TOWNSEND, ROBERT L ☐ Delete
STREET ADDRESS 2532 ALBION AVE
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME JOHNSON, ELLIS ☐ Delete
STREET ADDRESS 2508 ALBION AVE
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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:

Robert L Townsend

ROBERT L TOWNSEND TUGS.