


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90052 015 \*\*\*\*61.25

<b>DOCUMENT # N38430</b>			
1. Entity Name <b>THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>TOWNSEND, ROBERT L 2532 ALBION AVE ORLANDO FL 32833</b>		7. Name and Address of New Registered Agent	
		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE      CR2E037 (10/06)

4. FEI Number <b>65-0207867</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	NAME MINARD, GEORGE	TITLE	
	STREET ADDRESS 2506 ALBION AVE.		
	CITY-STATE-ZIP ORLANDO FL 32833		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MITCHELL, HAROLD	TITLE	
	STREET ADDRESS 2611 ALBION AVE		
	CITY-STATE-ZIP ORLANDO FL 32833		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME HOLCOMB, BEVERLY	TITLE	
	STREET ADDRESS 2604 ALBION AVE		
	CITY-STATE-ZIP ORLANDO FL 32833		
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME TOWNSEND, ROBERT L	TITLE	
	STREET ADDRESS 2532 ALBION AVE		
	CITY-STATE-ZIP ORLANDO FL 32833		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME JOHNSON, ELLIS	TITLE	
	STREET ADDRESS 2508 ALBION AVE		
	CITY-STATE-ZIP ORLANDO FL 32833		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	
	STREET ADDRESS		
	CITY-STATE-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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**      1/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR