


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0207867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, ROBERT L  
 2532 ALBION AVE  
 ORLANDO, FL 32833

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

000000790370  
 01/23/08-80033-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINARD, GEORGE 2506 ALBION AVE. ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, HAROLD 2611 ALBION AVE ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWNSEND, ROBERT L 2532 ALBION AVE ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ELLIS 2508 ALBION AVE ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Date: 1/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #