

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38430

FILED
Jan 08, 2009
Secretary of State

Entity Name: THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

2532 ALBION AVE
ORLANDO, FL 32833 US

New Principal Place of Business:

Current Mailing Address:

2532 ALBION AVE
ORLANDO, FL 32833 US

New Mailing Address:

FEI Number: 65-0207867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, ROBERT L
2532 ALBION AVE
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MINARD, GEORGE
Address: 2506 ALBION AVE.
City-St-Zip: ORLANDO, FL 32833

Title: D () Delete
Name: MITCHELL, HAROLD
Address: 2611 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: T () Delete
Name: TOWNSEND, ROBERT L
Address: 2532 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: P () Delete
Name: JOHNSON, ELLIS
Address: 2508 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MINARD, GEORGE
Address: 2506 ALBION AVE.
City-St-Zip: ORLANDO, FL 32833

Title: PRES (X) Change () Addition
Name: MITCHELL, HAROLD
Address: 2611 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOHNSON, ELLIS
Address: 2508 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: SECT () Change (X) Addition
Name: GOLDIE, AMY
Address: 2563 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: D () Change (X) Addition
Name: BARE, PETE
Address: 2565 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. TOWNSEND

Electronic Signature of Signing Officer or Director

TRES

01/08/2009

Date