

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90305 035 ****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**

40008665



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0207867**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	WATERS, NANCY	
STREET ADDRESS	2649 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, HAROLD D	
STREET ADDRESS	2611 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	S	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	WILSON, SEAN	
STREET ADDRESS	2652 ALBION AVE	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS Johnson Pres.	
STREET ADDRESS	2508 ALBION AVE	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP George Minard	
STREET ADDRESS	2506 ALBION AVE	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secr. Marilyn Townsend	
STREET ADDRESS	2532 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Mike McKeown	
STREET ADDRESS	2606 ALBION AVE	
CITY-ST-ZIP	ORLANDO, FL 32833	

CR2E037 (10/02)

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: Robert L Townsend 1/10/03 407-568-7423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR