FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90088 001 ****61.25

DOCUMENT # **N40245**

Corporation Name

WEDGWOOD VILLAS OF DUVAL COUNTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
STAFORDSHIRE DRIVE EAST JACKSONVILLE FL 32225	562 STAFORDSHIRE DRIVE EAST JACKSONVILLE FL 32225

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	10/08/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 58-1959729 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOWELL, MELISSA J
562 STAFORDSHIRE DRIVE EAST
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
HOWELL, MELISSA J		1.2 NAME	
ADDRESS 562 STAFORDSHIRE DRIVE EAST		1.3 STREET ADDRESS	
ST ZIP JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	
VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
MCCASKILL, FRANK		2.2 NAME	
ADDRESS 590 STAFFORDSHIRE DR. E		2.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	
T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
DONAGHE, HAROLD		3.2 NAME	
ADDRESS 568 STAFFORDSHIRE DR.		3.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP	
S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
DONAGHE, MARY		4.2 NAME	
ADDRESS 568 STAFFORDSHIRE DR.		4.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL 32225		4.4 CITY-ST-ZIP	
D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
BAIR, SAM		5.2 NAME	
ADDRESS 572 STAFORDSHIRE DRIVE		5.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP	
D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
MICHON, NORM		6.2 NAME	
ADDRESS 632 STAFORDSHIRE DRIVE		6.3 STREET ADDRESS	
ST-ZIP JACKSONVILLE FL 32225		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Howell SIGNATURE REQUIRED 4/28/99 (904) 221-2027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #