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FILED
Sep 10, 2002 8:00 am
Secretary of State
05-21-2002 91195 019 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40245

1. Entity Name

WEDGWOOD VILLAS OF DUVAL COUNTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
~~9889-1 SAN JOSE BLVD. JACKSONVILLE FL 32257~~ 562 STAFFORDSHIRE DR E. JAX FL	9889-1 SAN JOSE BLVD. JACKSONVILLE FL 32257

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 350314 Suite, Apt. #, etc.
City & State	JAX FL 32235 City & State
Zip / Country	Zip / Country

4. FEI Number 58-1959729 ☐ Applied For ☐ Not Applicable

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
~~CANTRELL, BRYAN 4889-1 SAN JOSE BLVD JACKSONVILLE FL 32257~~ Please Delete	Name MELISSA J. HOWELL Street Address (P.O. Box Number is Not Acceptable) 562 STAFFORDSHIRE DR E City JAX FL Zip Code 32225

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.

SIGNATURE M J. Howell
Signature, type or print 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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWELL, MELISSA J 562 STAFORDSHIRE DRIVE EAST JACKSONVILLE FL 32225	☑ Delete	HAROLD DONAGHE 562 STAFFORDSHIRE DR JAX FL 32225	☐ Change ☑ Addition PRES. D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MICHON, NORM 832 STAFFORD SHIRE DRIVE JACKSONVILLE FL 32225	☑ Delete	LAURA BROWN 12725 ARIANA DR JAX, FL 32225	☐ Change ☑ Addition V. PRES. D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOUILLERGE, CARMEN 555 STAFFORDSHIRE DRIVE JACKSONVILLE FL 32225	☐ Delete	KATHY CIVITARESE 560 STAFFORDSHIRE DR JAX, FL 32225	☐ Change ☑ Addition SECY. D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPHON, MARY 588 STAFFORDSHIRE DRIVE EAST JACKSONVILLE FL 32225 D	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED LAURA BROWN 4/15/02 (90) 221-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vice President