FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

N98000000544 DOCUMENT

THE RESERVE AT WEDGEFIELD HOMEOWNERS' ASSOCIATIO N. INC.

Principal Place of Business 20751 S.R. 520

ORLANDO FL 32833

Mailing Address

20751 S.R. 520 ORLANDO FL 32833

FILED Apr 14, 1999 8:00 am \$ Secretary of State

04-14-1999 90174 003 ****61.25



2. Principal Pla	ace of Business	2a. Mailing Address		١	3. Date incorporated or Qualifed			
21		28 664 S. Military Trail					 -	
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.			4. FEI Number 5-9-353260	<u> </u>	olied For	
22		27			5-7-5052601		Applicable	
City & State		Decried Beach, FL			5. Certifcate of Status Desired	\$8.75 A		
23		26		<u> </u>			<u>. </u>	
Zip	Country	□ ^{ZIP} 33442 □	_	" US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to		
24	25	29 3344 J 30	<u>) </u>		10. Name and Address of New Registered A		71 603	
9. Name and Address of Current Registered Agent 81					Total City Control City Control City Control City City City City City City City City	<u> </u>		
OUNTD I	DAGO MA IN		L					
OLIVER, LEWIS M III			8	82 Street Address (P.O. Box Number is Not Acceptable)				
20751 S.R. 520			E	3				
ORLANDO FL 32833						T-1		
			8	4 City	FL	85 Zip C	ode	
11. Purcuant t	o the provisions of Sections 617 0502	and 617.1508, Florida Statutes.	the abo	ve-named	compration submits this statement for the purpose of C	hanging its i	registered	
11. 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 Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITU	•		☐ Change	☐ Addition	
NAME	BLAKE, GERALD F		1.2 NAM	E				
STREET ADDRESS	664 S. MMILITARY TRAIL		1.3 \$TRI	EET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY	-ST-ZIP				
TITLE	VP .	DELETE	2.1 TTTL	Ę		☐ Change	☐ Addition	
NAME	BRALEY, GERALD B	•	2.2 NAM	Ε				
STREET ADORESS	0751 S.R. 520		2.3 STR	EET ADORESS				
CITY-ST-ZIP	ORLANDO FL 32833		2.4 CIT					
TITLE	TD	DELETE	3.1 TITU			Change	Addition	
NAME	BRALEY, JEFFREY B	- -	3.2 NAM	Ę				
STREET ADDRESS	20751 S.R: 520		3.3 STR	EET ADDRESS	5			
CITY-ST-ZIP	ORLANDO FL 32833		3.4, CITY	-ST-ZIP		-4 .		
TITLE	SD	☐ DELETE	4.1 1111⊔	E	\mathcal{D}	Change	☐ Addition	
NAME	BOWERS, JANET B		4. 2 NAA	AE .				
STREET ADDRESS	20751 S.R. 520	·	4.3 STRI	EET ADDRESS	s			
CITY-ST-ZIP	ORLANDO FL 32833		•	-ST-ZIP			A 1 200	
TITLE		☐ DELETE	5.1 TITL		DVTS	Change	Addition	
NAME			5.2 NAM		Bracken, C.M. 664 S. Military Trail			
STREET ADDRESS			5.3 STR	EET ADORESS	664 S. Millitary Trail			
CITY-ST-ZIP				-ST-ZIP	Deerfield Beach, FL 33442			
TITLE		☐ DELETE	6.1 TITL			Change	☐ Addition	
NAME			6.2 NAM					
STREET ADDRESS	A		6.3 STR	EET ADDRESS	s į			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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: