

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000544

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** THE RESERVE AT WEDGEFIELD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

206 S. ELM AVE.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

206 S. ELM AVE  
SANFORD, FL 32771 US

**Current Mailing Address:**

P.O. BOX 1569  
SANFORD, FL 32772 US

**New Mailing Address:**

206 S. ELM AVE  
SANFORD, FL 32771 US

FEI Number: 59-3532601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALL ABOUT MANAGEMENT, INC.  
206 S. ELM AVENUE  
SANFORD, FL 32771 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: PRES  
Name: BURKE, CHRISTOPHER  
Address: P. O. BOX 1569  
City-St-Zip: SANFORD, FL 32772 US

Title: VP  
Name: WRIGHT, STEVEN  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: TREA  
Name: THOMAS, JOHN  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: BOD  
Name: OLIVER, RUTH  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: BOD  
Name: WRIGHT, BRYAN  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

I hereby 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 all other like empowered.

SIGNATURE: ANGELIA L GORDON

RA

01/26/2011

Electronic Signature of Signing Officer or Director

Date