

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

0098696

DOCUMENT # N98000000544



1. Entity Name
**THE RESERVE AT WEDGEFIELD HOMEOWNERS' ASSOCIATIO
N, INC.**

04-28-2003 90216 025 ****61.25

Principal Place of Business
**20751 S.R. 520
ORLANDO FL 32833**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2180 W SR 4343

Suite, Apt. #, etc.
SUITE 5000

3. Mailing Address

Suite, Apt. #, etc.

City & State
DONGWOOD FL

City & State

4. FEI Number **59-3532601**

Applied For
Not Applicable

Zip
32779-5044

Country
US

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

**HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 SR 434, STE. 5000
LONGWOOD FL 32779-5044**

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 **\$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 **DPTS** Delete
NAME **BLAKE, GERALD F**
STREET ADDRESS **2336 S.EAST OCEAN BLVD. SUITE #366**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BOWERS, JANET B**
STREET ADDRESS **20751 S.R. 520**
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BRACKEN, C.M.**
STREET ADDRESS **664 S. MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Janet B. Bowers* **Janet B. Bowers** **3/28/03**

CR2E037 (10/02)