2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N98000000544

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

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3532601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD (X) Delete
Name: BLAKE, GERALD
Address: 664 S MILITARY TR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD ( ) Delete
Name: BRALEY, GERALD B
Address: 20751 S.R. 520
City-St-Zip: ORLANDO, FL 32833

Title: SD ( ) Delete
Name: BOWERS, JANET
Address: 20751 SR 520
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete
Name: BRALEY, JEFFREY
Address: 20751 SR 520
City-St-Zip: ORLANDO, FL 32833

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: OLIVER, WOODY
Address: 2843 REGENCY OAK LN
City-St-Zip: ORLANDO, FL 32833

Title: SD (X) Change ( ) Addition
Name: CONTI, MIKE
Address: 2839 LYNDSCAPE ST
City-St-Zip: ORLANDO, FL 32833

Title: TD (X) Change ( ) Addition
Name: ALESSANDRI, PATRICK
Address: 2662 PINE GLEN CT
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Change (X) Addition
Name: BATTAGLIA, MIKE
Address: 2600 PINE GLEN CT
City-St-Zip: ORLANDO, FL 32833

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WOODY OLIVER VPD 03/07/2006

Electronic Signature of Signing Officer or Director — Date