2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
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: VPD ( ) Delete
Name: OLIVER, WOODY
Address: 2843 REGENCY OAK LN
City-St-Zip: ORLANDO, FL 32833

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: AJERO, ELVIE
Address: 19719 GLEN ELM WAY
City-St-Zip: ORLANDO, FL 32833

Title: SD (X) Change ( ) Addition
Name: DIXON, BUD
Address: 19148 TIMBER PINE LN
City-St-Zip: ORLANDO, FL 32833

Title: TD (X) Change ( ) Addition
Name: APPRICH, MARIA
Address: 19724 GLEN ELM WAY
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Change (X) Addition
Name: DIXON, MAURICE
Address: 19148 TIMBER PINE LN
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 PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date