

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000544

FILED
May 01, 2008
Secretary of State

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:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

FEI Number: 59-3532601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALL ABOUT MANAGEMENT
201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 US

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: ANGELIA L GORDON

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Delete
Name: DIXON, MAURICE
Address: 19148 TIMBER PINE LN
City-St-Zip: ORLANDO, FL 32833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: STEPHENS, EVERTT
Address: 19220 TIMBER PINE LANE
City-St-Zip: ORLANDO, FL 32833

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANGELIA L GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date