

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000544

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

206 ELM AVE.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1569
SANFORD, FL 32772

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:

ALL ABOUT MANAGEMENT
206 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 () Delete
Name: BURKE, CHRISTOPHER
Address: 2715 VILLAGE PINE TERRACE
City-St-Zip: ORLANDO, FL 32833

Title: VP () Delete
Name: WRIGHT, STEVEN
Address: 19408 BRIERCREST TRAIL
City-St-Zip: ORLANDO, FL 32833

Title: TREA () Delete
Name: THOMAS, JOHN
Address: 2751 VILLAGE PINE TERRACE
City-St-Zip: ORLANDO, FL 32833

Title: SECR () Delete
Name: ALVAREZ, ANA
Address: 19245 BRIERCREST TRAIL
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: BOD () Change (X) Addition
Name: WRIGHT, BRYAN
Address: 3078 LEFLORE LANE
City-St-Zip: ORLANDO, FL 32833

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

01/19/2009

Electronic Signature of Signing Officer or Director

Date