

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38430

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC1195717220**

**Entity Name:** THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807

**Current Mailing Address:**

1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807 US

**FEI Number: 65-0207867**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOWERS PROPERTY MANAGEMENT, INC.  
1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807 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: BENJAMIN ISIP**

**01/13/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MCCRUDEN, MICHAEL  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title           TREASURER  
Name           WILSON, JEAN  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title           DIRECTOR  
Name           KNESTRICK, DAVID  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title           DIRECTOR  
Name           CARRIGAN, SHERRI  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title           VP  
Name           ORNORFF, DENISE  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title           DIRECTOR  
Name           ZABALA, JOSE  
Address        1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL MCCRUDEN**

**PRESIDENT**

**01/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date