

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N38430

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

**Current Principal Place of Business:**

2508 ALBION AVE  
ORLANDO, FL 32833

**Current Mailing Address:**

P.O. BOX 165  
CHRISTMAS, FL 32709 US

**FEI Number: 65-0207867**

**Certificate of Status Desired: No**

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

MITTS, BILL  
12941 LOWER RIVER BLVD  
ORLANDO, FL 32828 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: BILL MITTS**

**10/14/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MITTS, BILL  
Address 12941 LOWER RIVER BLVD  
City-State-Zip: ORLANDO FL 32828

Title TREASURER  
Name PAUL, NANCY  
Address 16336 TUDOR LAKE CT  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name CARRIGAN, ROBERT E JR.  
Address 2636 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

Title SECRETARY  
Name MCWILLIAMS, JERRY  
Address 2553 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

Title D.  
Name CORNELL, JOHN  
Address 2514 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

Title D.  
Name MINERD, TED  
Address 2506 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

Title DIRECTOR  
Name KNESTRICK, DAVID  
Address 2604 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

*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: NANCY L PAUL**

**TREASURER**

**10/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date