## 2014 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes

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 02/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title **TREASURER** 

Name MITTS, BILL Name PAUL, NANCY

Address 12941 LOWER RIVER BLVD Address 16336 TUDOR LAKE CT

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32828

VΡ Title **SECRETARY** Title

Name CARRIGAN, ROBERT E JR. Name MCWILLIAMS, JERRY Address 2636 ALBION AVE Address 2553 ALBION AVE

City-State-Zip: ORLANDO FL 32833 ORLANDO FL 32833 City-State-Zip:

Title D. Title D

Name MINERD, TED CORNELL, JOHN Name Address 2506 ALBION AVE 2514 ALBION AVE Address City-State-Zip: ORLANDO FL 32833

Title **DIRECTOR** 

City-State-Zip:

KNESTRICK, DAVID Name Address 2604 ALBION AVE ORLANDO FL 32833 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.

02/11/2014 SIGNATURE: NANCY L PAUL **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 11, 2014

**Secretary of State** 

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