

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15608

FILED
Feb 11, 2009
Secretary of State

Entity Name: WEDGEWOOD GROVES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2775737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLDWELL BANKER COMMERCIAL NRT
901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751 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: P () Delete
Name: SPURLIN, CHRIS
Address: 2654 SUSAN DAY DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: REESE, JACKIE
Address: 2500 SUSANDAY DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: GARDNER, CAROLYN
Address: 3719 HOLSON WAY
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: HENNESSY, LEXIA
Address: 220 WATAUGA ST
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: HERRICK, ROBERT
Address: 2202 MARYDAY CRT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BRADNER, KARA
Address: 3719 HOLSTON WAY
City-St-Zip: ORLANDO, FL 32812

Title: SEC (X) Change () Addition
Name: GARDNER, CAROLYN
Address: 3719 HOLSON WAY
City-St-Zip: ORLANDO, FL 32812

Title: T (X) Change () Addition
Name: HENNESSY, LEXIA
Address: 220 WATAUGA ST
City-St-Zip: ORLANDO, FL 32812

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: MILDRED MERCED

COMP

02/11/2009

Electronic Signature of Signing Officer or Director

Date