

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90084 013 ****61.25

DOCUMENT # N21011

1. Entity Name
WEDGEFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2558 BALLARD AVENUE
ORLANDO, FL 32833**

Mailing Address
**P.O. BOX 905
CHRISTMAS, FL 32709**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2884306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTER, TOM
2558 BALLARD AVENUE
ORLANDO, FL 32833**

Name **MOGAN, KATHLEEN V.**

Street Address (P.O. Box Number is Not Acceptable)

18750 MOSBY ST.

City **ORLANDO**

FL Zip Code **32833-4135**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

KATHLEEN V. MOGAN, PRESIDENT 1/18/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINTER, TOM 2558 BALLARD AVE ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOGAN, KATHLEEN V 18750 MOSBY ST. ORLANDO, FL 32833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREAZZANO, ANTIONETTE 18908 OVERTON ST ORLANDO, FL 32833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUGHN, TAMARA 2623 BABBITT AVE ORLANDO, FL 32833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, DIANNE 20228 MELVILLE ST ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODERIS, ROB SHELDON ST ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOGAN, KATHLEEN V. 18750 MOSBY ST. ORLANDO, FL 32833 4135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREAZZANO, ANTIONETTE 18908 OVERTON ST ORLANDO, FL 32833-4100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTENSEN, BEA 20510 OBERLY PKWY ORLANDO, FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALLAN, MICHAEL 20429 NETHERLAND ST. ORLANDO, FL 32833-4035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABERKO, RUS 20674 NETTLETON ST ORLANDO, FL 32833-4360	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

1/18/07