

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21011

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: WEDGEFIELD HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

19230 SHELDON STREET  
ORLANDO, FL 32833

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 905  
CHRISTMAS, FL 32709

## New Mailing Address:

P.O. BOX 905  
CHRISTMAS, FL 32709 US

FEI Number: 59-2884306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODERIS, ROBERT  
19230 SHELDON STREET  
ORLANDO, FL 32833 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: GODERIS, ROBERT  
Address: 19230 SHELDON STREET  
City-St-Zip: ORLANDO, FL 32833

Title: VP ( ) Delete  
Name: DELEON, VICTOR  
Address: 19445 REYNOLDS PARKWAY  
City-St-Zip: ORLANDO, FL 32833

Title: S ( ) Delete  
Name: UNSER, HELEN  
Address: 2835 BALLARD AVENUE  
City-St-Zip: ORLANDO, FL 32833

Title: T ( ) Delete  
Name: MOGAN, KATHLEEN V  
Address: 18750 MOSBY STREET  
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete  
Name: SCALLAN, MICHAEL  
Address: 20429 NETHERLAND STREET  
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete  
Name: BETHONEY, CINDY  
Address: 2647 ALABASTER AVENUE  
City-St-Zip: ORLANDO, FL 32833

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GODERIS, ROBERT  
Address: 19230 SHELDON STREET  
City-St-Zip: ORLANDO, FL 32833 US

Title: VP (X) Change ( ) Addition  
Name: DELEON, VICTOR  
Address: 19445 REYNOLDS PARKWAY  
City-St-Zip: ORLANDO, FL 32833 US

Title: S (X) Change ( ) Addition  
Name: UNSER, HELEN  
Address: 2835 BALLARD AVENUE  
City-St-Zip: ORLANDO, FL 32833 US

Title: T (X) Change ( ) Addition  
Name: MOGAN, KATHLEEN V  
Address: 18750 MOSBY STREET  
City-St-Zip: ORLANDO, FL 32833 US

Title: D (X) Change ( ) Addition  
Name: SCALLAN, MICHAEL  
Address: 20429 NETHERLAND STREET  
City-St-Zip: ORLANDO, FL 32833 US

Title: D (X) Change ( ) Addition  
Name: BETHONEY, CINDY  
Address: 2647 ALABASTER AVENUE  
City-St-Zip: ORLANDO, FL 32833 US

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: KATHLEEN V. MOGAN

TREA

01/23/2009

Electronic Signature of Signing Officer or Director

Date