


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 020 ****61.25

DOCUMENT # N26777 1. Entity Name WEDGEWOOD ESTATES OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 4241 LORDINGS LN SPRING HILL FL 34607	Mailing Address 4241 LORDINGS LN SPRING HILL FL 34607
---	---



2. Principal Place of Business <i>4329 Lordings Lane</i> Suite, Apt. #, etc.	3. Mailing Address <i>4329 Lordings Lane</i> Suite, Apt. #, etc.
--	--

1st MOORE CR2E037 (10/05)

City & State <i>Spring Hill FL</i>	City & State <i>Spring Hill FL</i>
Zip <i>34607</i>	Zip <i>34607</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 59-2949741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENRY, STEPHEN 4241 LORDINGS LN SPRING HILL FL 34607
--

7. Name and Address of New Registered Agent Name <i>Mullins, Alice J</i> Street Address (P.O. Box Number is Not Acceptable) <i>4329 Lordings Lane</i> City <i>Spring Hill</i> FL Zip Code <i>34607</i>

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 *Alice J. Mullins* *Alice J. Mullins* *2/14/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when forming) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD HARRIS, TERRY 4233 LORDINGS LN SPRING HILL FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HENRY, STEPHEN 4241 LORDINGS LN SPRING HILL FL 34607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HENRY, SUSAN E 4241 LORDINGS LN SPRING HILL FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Mullins, Alice J. 4329 Lordings Lane Spring Hill FL 34607 <input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alice J. Mullins* *Alice J. Mullins* *2/14/06* *352-596-1113*