2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N36759

Entity Name: THE WEDGEWOOD & ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3420 W. PINESTEAD RD.
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

703 PINESTEAD RD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-2988261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, ANN T
703 W. PINESTEAD
PENSACOLA, FL 32505 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:	S	( ) Delete
Name:	WALKER, ANN T	
Address:	703 W. PINESTEAD RD.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	P	( ) Delete
Name:	SHOEMO, ANTHONY	
Address:	732 ALFONSO ST.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	V	( ) Delete
Name:	SUNDAY, GEORGIA	
Address:	6974 CUTTER ST	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	FS	( ) Delete
Name:	LAWRENCE, WILLIE	
Address:	714 WENONAH ST.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	T	( ) Delete
Name:	SHOEMOE, BERNIE	
Address:	701 WENONAH ST.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	AS	( ) Delete
Name:	ANNIE, MOULTRIE	
Address:	6962 ROLLINGS HILL RD	
City-St-Zip:	PENSACOLA, FL 32505	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANNIE T. WALKER S 03/23/2009

Electronic Signature of Signing Officer or Director — Date