

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38430

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** THE VILLAS AT WEDGEFIELD, PHASE I, MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2611 ALBION AVE  
ORLANDO, FL 32833

**New Principal Place of Business:**

**Current Mailing Address:**

2611 ALBION AVE  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:** 65-0207867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, HAROLD  
2611 ALBION AVE  
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  
Name: MITCHELL, HAROLD  
Address: 2611 ALBION AVE.  
City-St-Zip: ORLANDO, FL 32833

Title: VP  
Name: PAUL, NANCY  
Address: 16336 TUDOR LAKE CT  
City-St-Zip: ORLANDO, FL 32828

Title: S  
Name: JOHNSON, ELLIS  
Address: 2508 ALBION AVE  
City-St-Zip: ORLANDO, FL 32833

Title: T  
Name: MITTS, PATRICIA  
Address: 2650 ALBION AVE  
City-St-Zip: ORLANDO, FL 32833

Title: D  
Name: MINERD, GEORGE  
Address: 2506 ALBION AVE  
City-St-Zip: ORLANDO, FL 32833

Title: D  
Name: BARE, PETE  
Address: 2565 ALBION AVE  
City-St-Zip: ORLANDO, FL 32833

I hereby 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 all other like empowered.

SIGNATURE: HAROLD MITCHELL

P

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date