

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40245

FILED  
Aug 10, 2006  
Secretary of State

**Entity Name:** WEDGWOOD VILLAS OF DUVAL COUNTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

562 STAFORDSHIRE DRIVE EAST  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

PO BOX 350314  
JACKSONVILLE, FL 32235

**Current Mailing Address:**

PO BOX 350314  
JACKSONVILLE, FL 32235

**New Mailing Address:**

PO BOX 350314  
JACKSONVILLE, FL 32235

**FEI Number:** 58-1959729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOWELL, MELISSA J  
562 STAFFORDSHIRE DRIVE EAST  
JACKSONVILLE, FL 32225 US

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

ZEAGLER, ZACHARY C  
551 STAFFORDSHIRE DRIVE EAST  
JACKSONVILLE, FL 32225 US

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: ZACHARY C ZEAGLER

08/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NIX, FLORIA  
Address: 627 STAFFORDSHIRE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: VAUGHAN, ZELLA  
Address: 579 STAFFORDSHIRE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS ( ) Delete  
Name: CRUZ, GERALDO  
Address: 644 STAFFORDVILLE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: HOWELL, MELISSA  
Address: 562 STAFFORDVILLE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete  
Name: HOWELL, GEORGE  
Address: 562 STAFFORDSHIRE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ZEAGLER, ZACHARY C  
Address: 551 STAFFORDSHIRE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CRUZ, GERALDO  
Address: 644 STAFFORDVILLE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Change ( ) Addition  
Name: CONTOS, CAROL  
Address: 564 STAFFORDVILLE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ZACHARY C ZEAGLER

P

08/10/2006

Electronic Signature of Signing Officer or Director

Date