2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007
Secretary of State

DOCUMENT# N40245

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

Current Principal Place of Business:

551 STAFFORDSHIRE DR.
JACKSONVILLE, FL 32235

New Principal Place of Business:

Current Mailing Address:

PO BOX 350957
JACKSONVILLE, FL 32235

New Mailing Address:

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:

ZEAGLER, ZACHARY C
551 STAFFORDSHIRE DRIVE EAST
JACKSONVILLE, FL 32225 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:	ZEAGLER, ZACHARY C	
Address:	551 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:	S	( ) Delete
Name:	CRUZ, GERALDO	
Address:	644 STAFFORDVILLE DRIVE EAST	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T	( ) Delete
Name:	CONTOS, CAROL	
Address:	564 STAFFORDVILLE DRIVE EAST	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	PEARSON, THOMAS	
Address:	632 STAFFORDSHIRE DRIVE EAST	
City-St-Zip:	JACKSONVILLE, FL 32225	
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: ZACHARY ZEAGLER P 08/17/2007

Electronic Signature of Signing Officer or Director — Date