

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002536 (9)

1. Corporation Name

WEDGEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1032
CHRISTMAS FL 32709

P.O. BOX 1032
CHRISTMAS FL 32709

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3318419

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOPKO, STEVE
3636 BANCROFT BLVD.
ORLANDO FL 32833

81 Name

Doug Warner

82 Street Address (P.O. Box Number is Not Acceptable)

19405 Quinlan St

83

84 City

Orlando

FL

85 Zip Code

32833

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Doug Warner

Doug Warner

May 10, 1996

(NOTE: Registered Agent's name and title required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SOPKO, STEVE	
STREET ADDRESS	3636 BANCROFT BLVD.	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, CLIFF	
STREET ADDRESS	20402 PEABODY STREET	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FLESHMAN, KAREN	
STREET ADDRESS	3951 BANCROFT BLVD.	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSBY, ROY	
STREET ADDRESS	2651 ABBEY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEAL, BRIGETTE	
STREET ADDRESS	20841 PEABODY STREET	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESAUTELS, GUS	
STREET ADDRESS	19101 QUARTERLY PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32833	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARNER, DOUG	
1.3 STREET ADDRESS	19405 QUINLAN STREET	
1.4 CITY-ST-ZIP	ORLANDO, FL 32833	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENNETT, SANDY	
2.3 STREET ADDRESS	4510 CALVERT AVENUE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32833	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'NEAL, BRIGETTE	
3.3 STREET ADDRESS	20841 PEABODY STREET	
3.4 CITY-ST-ZIP	ORLANDO, FL 32833	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SOPKO, STEVE	
4.3 STREET ADDRESS	3636 BANCROFT BLVD	
4.4 CITY-ST-ZIP	ORLANDO, FL 32833	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SOPKO, STEVE	
5.3 STREET ADDRESS	3636 BANCROFT BLVD	
5.4 CITY-ST-ZIP	ORLANDO, FL 32833	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FLESHMAN, KAREN	
6.3 STREET ADDRESS	3951 BANCROFT BLVD	
6.4 CITY-ST-ZIP	ORLANDO, FL 32833	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for a reduced filing fee under s. 617.0503(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

Stephen Sopko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN SOPKO
(STEVE)

MAY 10, '96 407-867-9760

Date

Daytime Phone #

CR2E037 (12/95)