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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-3318419

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOPKO, STEPHEN
3836 BANCROFT BLVD
ORLANDO FL 32833

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WARNER, DOUG
STREET ADDRESS 19405 QUINLAN STREET
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME DESAUTELS, GUS
STREET ADDRESS 19101 QUARTERLY PARKWAY
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME O'NEAL, BRIGETTE
STREET ADDRESS 20841 PEABODY STREET
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME CROSBY, ROY
STREET ADDRESS 2851 ABBEY AVENUE
CITY-ST-ZIP ORLANDO FL 32833

☒ DELETE

TITLE D
NAME ZIMMERMAN, CLIFF
STREET ADDRESS 20402 PEABODY ST
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE T
NAME SOPKO, STEVE
STREET ADDRESS 3836 BANCROFT BLVD
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
ED FLEMING
4275 BANCROFT BLVD
ORLANDO FL 32833

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V
JEFF MORRIS
4135 BENEDICT ST.
ORLANDO, FL 32833

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
ED CEARFOSS
20150 QUARTERLY PKWY
ORLANDO FL 32833

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: STEPHEN SOPKO, II

5/20/98

4075683162

CR2E037 (10/97)