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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002536

1. Corporation Name

WEDGEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1032
CHRISTMAS FL 32709

Mailing Address

P.O. BOX 1032
CHRISTMAS FL 32709



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

59-3318419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOPKO, STEPHEN
3636 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

TITLE ☐ DELETE

NAME **P FLEMING, ED**
STREET ADDRESS **4275 BANCROFT BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D CEARFOSS, ED**
STREET ADDRESS **20150 QUARTERLY PKWY**
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T SOPKO, STEVE**
STREET ADDRESS **3636 BANCROFT BLVD**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **MORRIS, JEFF**
1.3 STREET ADDRESS **4135 BENEDICT ST.**
1.4 CITY-ST-ZIP **ORLANDO, FL, 32833**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D BENNETT, SANDY**
2.3 STREET ADDRESS **4510 CALVERT AVE.**
2.4 CITY-ST-ZIP **ORLANDO, FL, 32833**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99

407-568-3162

Date

Daytime Phone #