


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90174 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000544

1. Corporation Name
THE RESERVE AT WEDGEFIELD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 20751 S.R. 520 ORLANDO FL 32833	Mailing Address 20751 S.R. 520 ORLANDO FL 32833
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <i>664 S. Military Trail</i>	<i>01/29/1998</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<i>59-3532601</i>
City & State	City & State	Applied For
23	<i>Deerfield Beach, FL</i>	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29 <i>33442</i>	<i>30</i> <i>US</i>
25	30	\$8.75 Additional Fee Required
26	31	6. Election Campaign Financing <input type="checkbox"/>
27	32	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLIVER, LEWIS M III 20751 S.R. 520 ORLANDO FL 32833		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, GERALD F	1.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALEY, GERALD B	2.2 NAME	
STREET ADDRESS	20751 S.R. 520	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALEY, JEFFREY B	3.2 NAME	
STREET ADDRESS	20751 S.R. 520	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, JANET B	4.2 NAME	<i>D</i>
STREET ADDRESS	20751 S.R. 520	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>DVTS</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>Bracken, C.M.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>664 S. Military Trail Deerfield Beach, FL 33442</i>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Janet Bowers* SIGNATURE REQUIRED: *Bracken* 4/7/99 954/419-1013
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (11/98)