

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90030 044 \*\*\*\*61.25

**DOCUMENT # N98000005491**

1. Entity Name  
**WEDGEFIELD COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
PO BOX 30805  
DOCTOR'S INLET, FL 32030

Mailing Address  
PO BOX 30805  
DOCTOR'S INLET, FL 32030

40006731



2. Principal Place of Business - No P.O. Box #  
**P.O. BOX 30805**

3. Mailing Address  
**P.O. BOX 30805**

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State  
**DOCTORS INLET, FL**

City & State  
**DOCTORS INLET, FL**

Zip Country  
**32030-0805 USA**

Zip Country  
**32030-0805 USA**

4. FEI Number  
**59-3424233**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREWER, JAMES**  
**1841 BROADHAVEN DR**  
**MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent

Name  
**SAME AS BEFORE**

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

City  
**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Brewer** DATE **1-30-07**

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FASICK, JOHN 1852 BROADHAVEN DR. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAVIS GRACE 1845 BROADHAVEN DR. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODDARD, RODNEY 2324 LIMRICK CT MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP @ Large MIKE WOLFE 1837 BROADHAVEN DR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUMPERS, ROBBIE 2303 KILKENNY CT MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KRISTEN THOMPSON 1912 ST. GEORGE CT. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREWER, JAMES 1840 BROADHAVEN DR MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAVIS GRACE 1845 BROADHAVEN DR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES BREWER, TREASURER** DATE **1-30-07** DAYTIME PHONE # **904-264-5771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR