

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 001 ****61.25

DOCUMENT # N98000005491

1. Entity Name
WEDGEFIELD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
PO BOX 30805
DOCTORS INLET, FL 32030-0805

Mailing Address
PO BOX 30805
DOCTORS INLET, FL 32030-0805



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FASICK, JOHN	
STREET ADDRESS	1852 BROADHAVEN DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRACE, TRAVIS	
STREET ADDRESS	1845 BRUADHAVEN DR	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	VPAL	<input type="checkbox"/> Delete
NAME	WOLFE, MIKE	
STREET ADDRESS	1837 BRUADHAVEN DR	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREWER, JAMES	
STREET ADDRESS	1840 BROADHAVEN DR	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	THOMPSON, KRISTEN	
STREET ADDRESS	1912 ST. GEORGE CT	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1845 BROADHAVEN DRIVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1837 BROADHAVEN DRIVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1841 BROADHAVEN DRIVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 R. Brewer
JAMES R. BREWER, Treasurer

1-4-08

904-264-5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #