

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005491

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1852 BROADHAVEN DRIVE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

1841 BROADHAVEN DRIVE  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

PO BOX 30805  
DOCTORS INLET, FL 320300805

**New Mailing Address:**

**FEI Number:** 59-3424233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREWER, JAMES  
1841 BROADHAVEN DR  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FASICK, JOHN  
Address: 1852 BROADHAVEN DR.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP  
Name: GREEN, SUE  
Address: 1840 BROADHAVEN DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SEC  
Name: THOMPSON, KRISTEN  
Address: 1912 ST GEORGE COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T  
Name: BREWER, JAMES  
Address: 1841 BROADHAVEN DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP  
Name: ANDERSON, DOYLE L  
Address: 2320 LIMRICK COURT  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES BREWER

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02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date