

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708046 (8)

1. Corporation Name
WEDGWOOD ARMS CONDOMINIUM APARTMENTS, OF DELRAY BEACH INC.



Principal Place of Business 235 N.E. 6H AVE. DELRAY BEACH FL 33483	Mailing Address 235 N.E. 6H AVE. DELRAY BEACH FL 33483
---	---

3. Date Incorporated or Qualified 11/03/1964	3a. Date of Last Report 02/16/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-0809906	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent GALLUP, M.J. 235 NE 6TH AVENUE, SUITE D DELRAY BEACH FL 33483	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COSTELLO, PETER	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 VENETIAN DRIVE	12 NAME	
STREET ADDRESS	DELRAY BCH, FL 00000	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSSEN, ERIC	22 NAME	
STREET ADDRESS	201 VENETIAN DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, CHARLES	32 NAME	
STREET ADDRESS	201 VENETIAN DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 2/6/96 **CLERK'S PHONE #** 407-278-0199

CR2E037 (12/95)